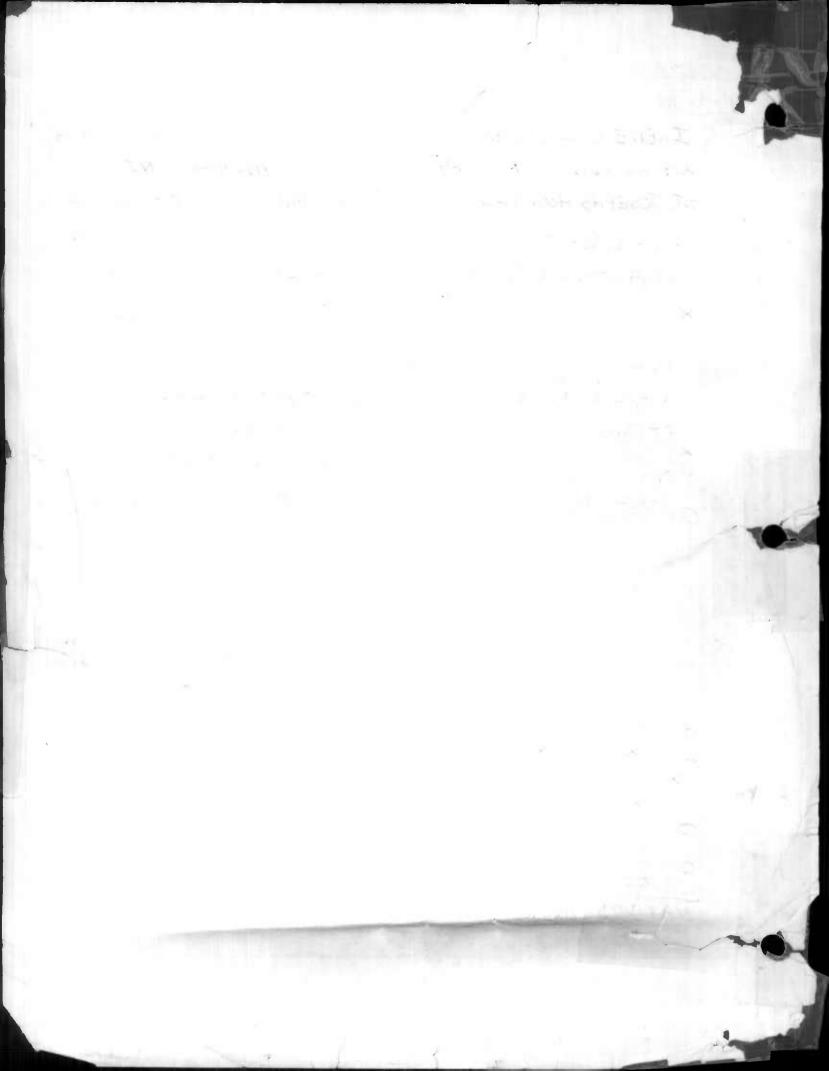
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, P. BALTIMORE,	m 9	Spr.		proportions. It is not to be been 22 shour any fallow or other framable event the madical examiner must be
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR; after this certificate has been signed by the attending physician and complete:	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, yearned	0.00

	FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAI ERTIF	RTMENT	OF H	EALTH A	ND N		REG. NO.	e 9 i		5001
	1. DECEDENT'S NAME (First, Middle, Lest) IRENE C. U		MS						2. DATE O	- 22	1- 9	YEAR /	O', YOA M
	214-20-2656	214-20-2656 1 M 2 MF 89 VRS. MONTHS DAYS HOURS MIN. 1/1						11/2	Day, Year)	0/ /	NJ Country)	CE (State or Foreign	
TOR	SA. FACILITY NAME (If not institution, give st ST. JOSEPHS H RESIDENCE OF DECEDENT	05PITA	_			NSC	N. N	1D.	AIH		BA		MORE
DIRECTOR	MARYLAND BAL	Timore		10c. Ci	SARK	LOCATI							d, INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 2804 UPRICE		URT			Ľ	21P CODE				(J.S.	A.
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. AF YES 2 DE MAR OR DATES	NO NO	H	yes, spe	ENOENT OF icity Cuben, 2 NO	Mexica	n, Puerto R	? (Specify Yes	s or No — 1	4. RACE — Black, W Specify:	American Indian, hite, etc.
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(G	ilve kind of	S USUAL OCC f work done du use retired.}	uring mos	st of working		16b.	KIND OF BU	SINESS/INDU	STRY	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	2-0-05	7 50	15	H	20		ER'S NA	ME (First, M	liddle, Melden	Sumame)		
TO BE	196. INFORMANT'S NAME (Type/Print)	79200 20903		b. MAILIN	S AC	(Street a	o redmuN bn		Route Numb		rn, State, Zip C	Code)	
	20s, METHOD OF DISPOSITION 134 Surisi 2 Cremetion 3 Rem 4 Donetion 6 Other (Specify)		20b. PLACE Other p.	(ace)	OSITION (Nam	ne of cen	AT		al	_	CATION - CI	fy or Town	State
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACRITY EVAN CHAPELO F MEMORIES 8800 HARFORD ROAD - PARKYILLE								75				
	23/PART I. Entar the diseases, of a shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ce	at caused the diuse on each line CUL O (OR AS A CONSE	e. de	u to				4		ratory srre	et,	Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL CE	PART II. Other significant condition	es contributing to	o death but not	resulting	g in the un	derlyin	g cause g	lven In	Part I.	24a. WAS AI PERFO 1 YES	RMED?	6	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
SICIAN:	25) WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF DE	EATH (C/	heck only on	re)			
PHY	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	280 DATE O	ER/Outpatient F INJURY Day, Year)	28b) T	-	ŒBc. IN. WC	IURY AT DRK?				INJURY OCC	URED	
ETED BY	2 Accident 3 Suicide 6 Could not be datermined 4 Homicide City or Town, State) 284. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLE	(Check only one) 2 MEDICAL EXAMINI	ER: On the basis of											nd menner as stated.
TO BE C	200 SIGNATURE AND TITLE OF CERTIFIE Mittin day D.		w,m	-D.			25c, LICE						fonth, Day, Year)
F	Mitridy S. 30 NAME AND ADDRESS OF PERSON WITH			EM 27) (7)	Print) S	T.	1051	3 P	H	1+054	TA	L, 7	10 W SUN
1	31. DATE FOR TO 31th, Day, Year)		Corr-Randa	22									

DHMH-16 Rev 1/89



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral has flud within 72 hours after death with the State Dect. of Health and Mental Hogiere order to burial, cremation, or minoral.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exami
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 | REG. NO. FOR STATE REGISTRAR 1 -DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 7:30 pm MARY WOODWARD 2 16 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH OWSON BAITIMORE DIRECTOR 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ARNU 1 YES 2 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 21234 3307 OPPA KOAO AST 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Puban, Mexican, Puerto Ri
1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married BY STIKW 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 186 KIND OF BUSINESS/INDUSTRY iring most of working (Give kind of work done du life. Do NOT use retired.) entary/Secondary (0-12) College (1-4 or 5+) Home HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumame)
MINNIE E. Smith SYDNEY S. HOWELL MINNIE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Family Records 20a. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Rem 20c. LOCATION - City or Town, State
Parkville, Md 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Parkwood 4 ☐ Donation 8 ☐ Other (Specify) 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest,

IMMEDIATE CAUSE (Final Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final CARCINOMA & STOMACH.

DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO STROKE COMPLETION OF CAUSE 1 TES THE 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA THER:
4 Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 8 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Shiladh > 2-18-91 m 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print).

A.H.GHILADI, M.D. 21204 7600 Osler Dr. Suite III lowson, MD.

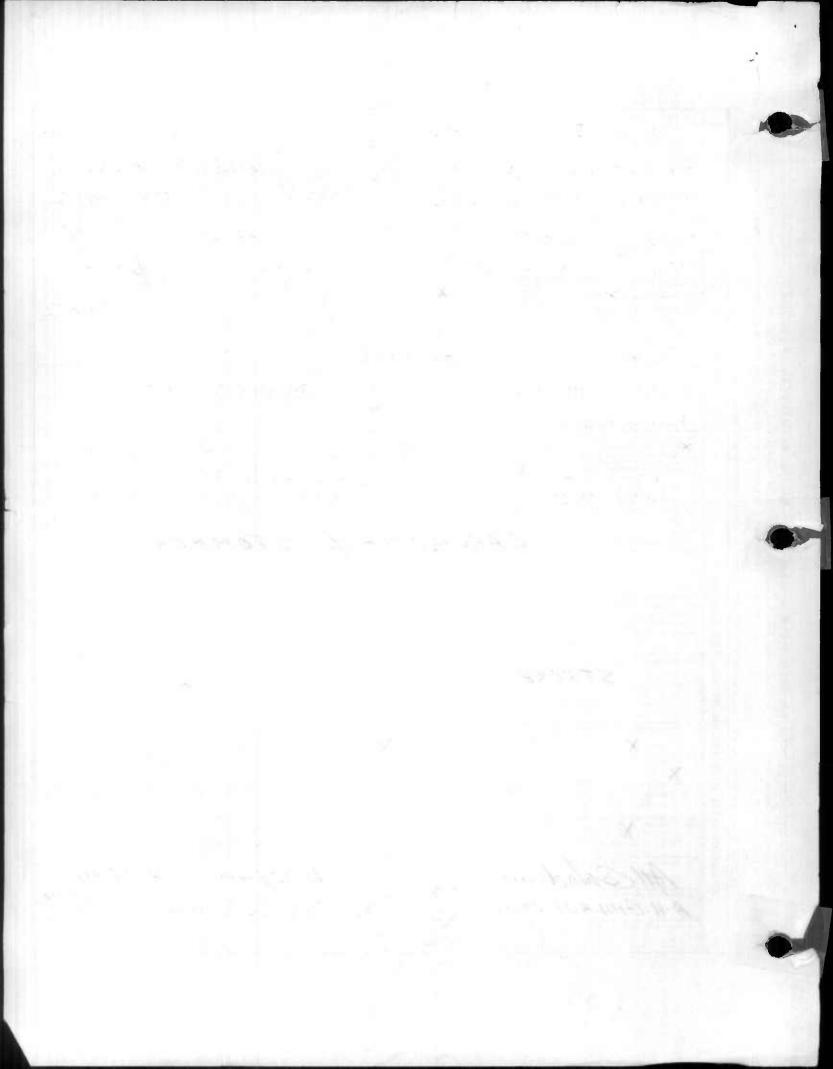


31. DATE FILED (Month, Day, Year) 26

FEB

32. REGISTRAR'S SIGNATURE

a Savidson-Randell



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within progressian and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF		MENTAL HYGIENE REG. NO.		
	DECEDENT'S NAME (First, Middle, Last) Don	nald	ηı		kes	2. DATE OF DEATH DAY 2 22	9 1 EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217 38 5417 96. FACILITY NAME (If not institution, give a	5. SEX 6. AGE	(In yrs. lest birthday) 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 6/11/44	Cour	Md.
ECIOR	112 Cypress			TANK BE IN THE STATE	ers Stat		Balte	ο.
DIME	10a. STATE 10b. COUNT	Balto.	10c. CIT	y, town on Loca Furners	S Statio	on		10d. INSIDE CITY LIMITS? YES 2 NO
	100. STREET AND NUMBER 112 Cypress (Ct.		10	21222	2	10g. CITIZEN OF	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPES IF YES, GIVE WAR OR		If yes, a		NIC ORIGIN? (Specify Yearin, Puerto Rican, etc.)	or No- 14. RA Bla	CE — American Indian, ck, Whita, atc.
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of life. Do NOT u.	work done during m	ost of working	18b. KIND OF BUS	ALE	22
BE CO	17. FATHER'S NAME (First, Middle, Last) Theodore Wilkes	s, Sr.				ME (First, Middle, Melden S McCuller		
20	19a. INFORMANT'S NAME (Type/Print) Decie	p. Wilke			end Number or Rural vondale	Route Number, City or Town	to., M	d. 21222
	R0e METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	iovat from Stata	other place of DISPO	SON F	okes	T OW	INGS	MILLS MA
	21. SIGNATURE OF FUNERAL SERVICE LI	d. Mort	on			rton & So s St. Bal		id. 21217
	23. PART J. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Suud	each ilne.	ESTIM		th as cardiac or respir		Approximate interval Between Onset and Daath
EKIIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE O					
PHTSICIAN: MEDICAL CE	PART II. Other algorificant condition fragment Visco, Dis	is contributing to death	but not resulting	in the underlyl	ng cause given in	Part I. 24a. WAS AN PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C)			
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIA	AE OF 26c. IN	Me 8 Residence IJURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
_	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJUF building, etc. (Sp	RY — At home, farm, ecify)	street, factory, off	ce	281. LOCATION (Street a City or Town, State)	nd Number or Rura	l Route Number,
COMPLEIED	(oridon orin)	SICIAN: To the best of my kno						e(a) and manner as stated.
IO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	ebour	DEATH (ITEM 27) (Type) Print)	29c. LICENSE NU		29d. DATE SIGNI	EO (Month, Day, Year)
	Barbara F. F. 31. DATE FILED (Month, Day, Year)	bbo - Wil	SOM M	٠ ۵.				
	12-31 99LB	26 1991	Julia Davido	on-Handel	2			DHMH-ts Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13149, BALLIMORE, MARTLAND 21203-3140
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF I	HEALTH AND I	MENTAL	HYGIENI REG. NO.	E 9	0	15004	
	1. DECEDENT'S NAME (First, Middle, Last)					MONTH	OF DEATH DA	Y	YEAR	3. TIME OF DEATH	
		5 E. W				2	21	9		1:00	М
			In yrs. last birthday) 7 YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE C	28/19	122	Country		7n
	215-14-6979 9. FACILITY NAME (If not institution, give stre	,	/ THS.	OF CITY TOWN	OR LOCATION OF DE		20/15	9c. COUN		yland	-
OR	Harbor Hospita	HE COST LE COST			.City,M						
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCA					$\overline{}$	10d. INSIDE CITY	
DIR	Maryland			lto.Ci	ty,Md,					LIMITB?	
FUNERAL DIRECTOR	1605	5 Webster	St.	10	1. ZIP CODE 21230				JSA	HAT COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II			CENDENT OF HISPAN			or No-	14. RACE Bleck	- American Indian, White, etc.	
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D W . W . 2			S ZX NO Specify		icen, etc.)		Specify		
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION CONTROL OF THE PROPERTY	16a. DECEDENT'S	USUAL OCCUPATI	ON pet of uppering	16b.	KIND OF BUS	BINESS/INDU	STRY		\neg
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	rork done during m e retired.)	ost of working						
MPI	10th.DRade		Boiler	Maker			Bet	hleh	nem	Stee1	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		fiddle, Maiden				
BE		dinand Wel				rie				lner	_
2	190. INFORMANT'S NAME (Type/Print) Mrs.Helen G.We	hhera			end Number or Rural i		. ,		Code)		
					r St.Ba	Tto.	_				_
	20e. METHOD OF DISPOSITION [C]Burlel 2 Cremetion 3 Remo	val from State	other place)			D1	- 1	CATION — C		110,	
	4 Donation 6 Other (Specify)		этеп па		morial I					nie.A.A	CO
	10 -0	~ 11	/							.21230	
	Jan	a /lag	162							.Fort A	ve.
	23. PART I. Enter the dieeesee, or co ahock, or haart fellure. L IMMEDIATE CAUSE (Finei disease or condition resulting in death)	ist priy pro couse on e	ech line.	AKEY THE	1. A	:n ee cerd	liec or reepi	iratory erre	eat,	Approximate interval Bety Onset and D	veen
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
SAL C	PART II. Other aignificant conditions	contributing to death I	out not recuiting	in the underlyin	ng cause given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FIND AVAILABLE PRIOR TO	
20							1 YES 2			COMPLETION OF CAU OF DEATH?	
ME							• -			1 TYES 2 NO	.
ä											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (C)	heck only on	e)				
XSI	1 TES 2 NO	1 Inpatient 2 - ER/Out	patient 3 🗆 DOA		me 5 🗆 Residence	6 🗆 Other	r (Specify)				
Y PHYSICIAN: MEDIC	27, MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY W	JURY AT ORK? YES 2 NO	26d. DES	CRIBE HOW	INJURY OCC	URED		
TED BY	2 Accident Investigation 3 Buicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	ana)	CIAN: To the best of my known: R: On the basis of examination) end menner ee stat	ed.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU					(Month J Day, Year)	
TO BE	Dan Kepler	MO	there c		, LOUISE NO			>	2/2	1/9/	
-		COMPLETED CAUSE OF D				1/6	(,	CL	Par		
	31. DATE PILED (MONTH, PRY, 1947)	32 REGISTRARY SIE	105/21/11/	fondelle	3001-5-	HAN	we	Pr	TOM	U MZ	1230

DHMH-16 Rev 1/89

IAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 r	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	483	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TH	TO THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State	IMPORTANT: If Item 28 is marked, or Iten

05005 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR William L. Young 1991 8. AGE (in yrs. last birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN BIRTNPLACE (State or Foreign Country),
 d IF UNDER 1 YEAR | IF UNDER 24 HRS. (Month, Day, Yarr) 13 217-40-6134 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5519 Kennison Baltimore Avenue DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY Baltimore Md 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 5519 Kennison Avenue 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 □ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced **Black** COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) STA ILA 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Linwood Young Dolly Young BE 19a. INFORMANT'S NAME (Type/Print) 19th MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)
5519 Kennison Avenue Baltimore, Md 2 Baltimore, Md 21215 Lorraine Young 20a, METHOD OF DISPOSITION
1 Description 2 Configuration 3 = # 4 Donation 5 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State Baltimore Cemetery 2 26 91 Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory arrest, Approximate shock, or heert fellure. Liet only one ceuse on each line Interval Betw Onset and Death IMMEDIATE CAUSE (Finel diseese or condition URemin - 2nd stage renal resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Hyper tenuis CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ing Home 5 Residence 6 Other (Specify) 4 - Nursi 26a. DATE OF INJURY (Month, Day, Year) 27. MANNEB OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE NOW INJURY OCCURED 1 Naturat 5 Pending М 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated.

29c. LICENSE NUMBER

025695

THE AM TAKA

31. DATE FILED (Month, Day, Year)

29b. SIGNATURE AND TITLE OF CERTIFIER

finen

2435 W. Belvelen

FEB 26 1991

Barbon MA

Am. 32 REGISTRAR'S SIGNATURE

Julia Davidson-Randall

Salt mon

MJ

30. NAME AND AGDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

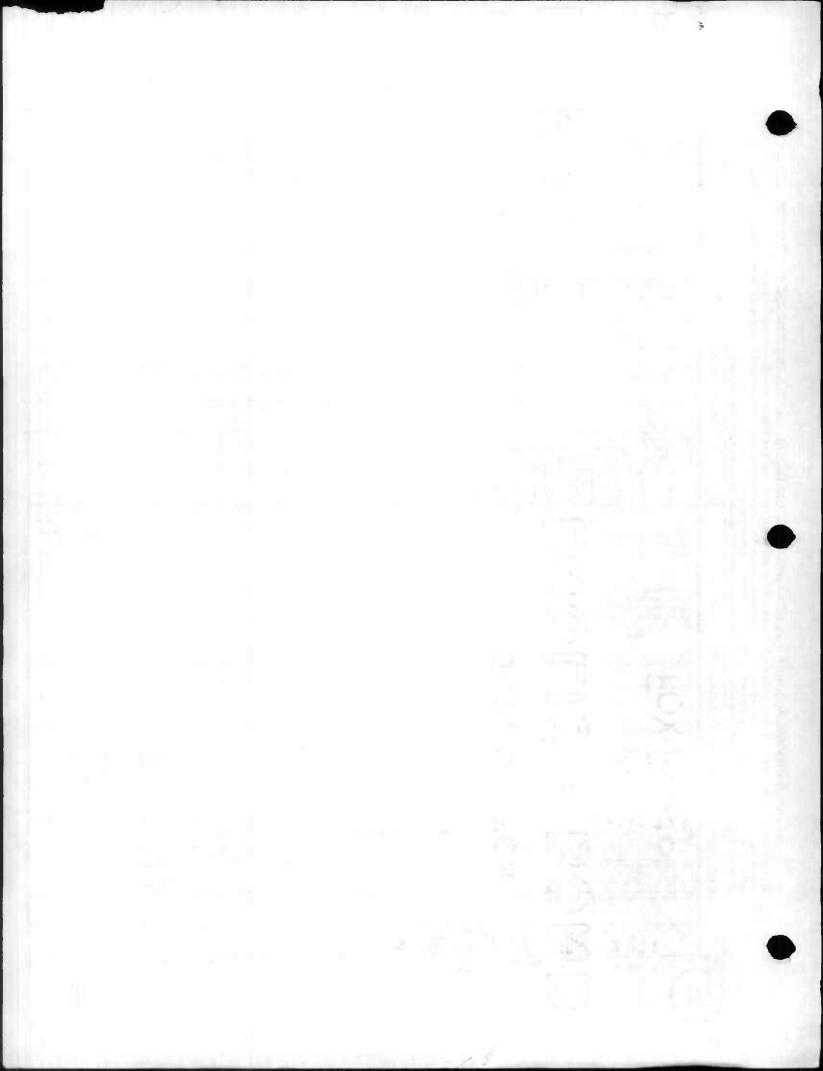
BE

9

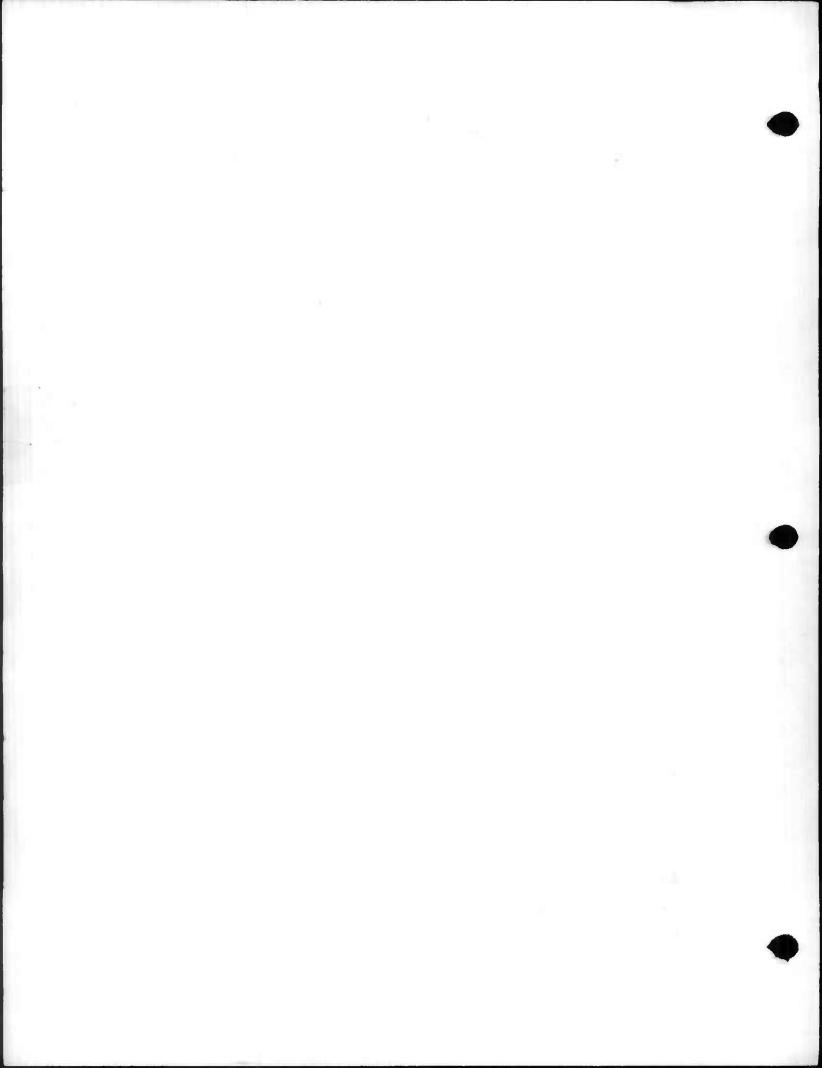
DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

2-25-91



	1 - FOR STATE OF MARYLA REGISTRAR	ND / DEPARTM			ENTAL HYGIEN REG. NO.	1 0	15006
,		ME ZALESK	XY)	2	DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF DA	3 15	11
	A CONTRACTOR OF STATE		UNDER 1 YEAR NTHS DAYS	F UNDER 24 HRS. 7 HOURS MIN.	DATE OF BIRTH	.922	BIRTHPLACE (State or Foreign Country) MARYLAND
NG.	9a. FACILITY NAME (if not institution, give street and number) SINAI HOSPITAL	9b		R LOCATION OF DEAT ALTIMORE	Н	9c. COUNTY	OF DEATH
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	I 10c. CITY. TO	OWN OR LOCAT	ION			10d. INSIDE CITY
B	MARYLAND		BALT	IMORE			1 XYES 2 NO
ĭAL M	10s. STREET AND NUMBER		10f	ZIP CODE	_	1.0	OF WHAT COUNTRY?
FUNERAL DIRECTOR	6810 PARK HEIGHTS AVE., APT. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN		12 WAS DEC	2121 ENDENT OF HISPANIC			SA American tradica
B	1 Never Married 2 Married FORCES? 1 VES IF YES, GIVE WAR OR DATE	2 X NO	If yes, spe	city Cuban, Mexican, I			RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USC (Give kind of work life. Do NOT use re	done during mo	N st of working	16b. KIND OF BUS	SINESS/INDUST	RY
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)	SALESI			,	NSURAN	CE
ŏ.	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME	(First, Middle, Maiden	Surname)	
BE (JOSEPH ZALESKY					HWARTZ	
5	19a. INFORMANT'S NAME (Type/Print) MRS. JEAN ZALESKY			nd Number or Rural Rou IGHTS AVE			LTO.,MD 21215
	1 KBurial 2 Cremation 3 Removal from State	PLACE OF DISPOSITION Other place)				CATION — City	Maria Caracteria
	4 Donetton 5 Dother (Specify) HE 21. SIGNATURE OF PUNERAL SERVICE LICENSEE	BREW YOUN	22. NAME AN	ID ADDRESS OF FACIL	JTY	LTIMOR	E, MD
	· Agany Stillman		SC	L LEVINSC REISTERST	N & BROS.		, MD 21215
ì	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on ee	the deeth. Do not ch line.	enter the mo	de of dying, such a	sa cardiac or reap	retory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cay Cha M DUE TO (OR AS A Sequentielly list conditions, if env. leading to immediate	ons Cular	ourres	+			Onset and Death
Z	- multion	rean fo	ilve				į
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate	CONSEQUENCE OF):	м .				
FIC	CAUSE (Disease or injury that initiated events	CONSEQUENCE OF):	1 or	tery and	seas-e		
E	resulting in death) LAST						
	PART II. Other significant conditions contributing to death but	it not resulting in t	the underlyin	cause given in Pa			24b. WERE AUTOPSY FINDINGS
S					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL					_		1 TES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL		00 54	ACE OF BEATH (Charle	tractional .		
SICI	EXAMINER? 1 YES 2 NO		THER:	ACE OF DEATH (Check			
PHY	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c, INJ		88d. DESCRIBE HOW	NJURY OCCUR	ED
BY	1 Netural a Pending 2 Accident Investigation	***		YES 2 NO			
TED	3 Suicide 6 Could not be 4 Homicide determined 28a. PLACE OF INJURY building, atc. (Special Country of the Coun	— At nome, tarm, stre	et, ractory, orno		26f. LOCATION (Street City or Town, State)	and Number or F	Hural Houte Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination						ause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER Aftercal Ramban, M.D.	•		29c. LICENSE NUMB	ER		GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA A Flyed Round to Complete Cause of Dea A Flyed Round to Complete Cause of Dea 31. DATE FILED (Month, Day, Year) FFB 26 1991 Julia Savidson-M	TH (ITEM 27) (Type, Pri	int)				
	31. DATE FILED (Month, Dey, Year) 32. REGISTAAR'S SIGN	YURE DE					
	FEB 26 1991 Julia Davidson-M	۲.					



TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within <- wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1. 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL	TO THE FUNERAL I	be filed within 72 h	IMPORTANT: If I

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Leet)	CERTIFIC			2. DATE OF DEATH MONTH DAY	YEAR	TIME OF DEATH		
	Celestia	Adams			2 25	91	М		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 1 □ M 2 △ F 5	(In yrs. lest birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/30/31	N C	arolina		
- 1	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH 9c. Co	OUNTY OF DEAT	Н		
OR O	Liberty Medical Center		Balti	more Ci	Lty				
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCAT	TION		10	d. INSIDE CITY		
5	Maryland	l _{Be}	alt.imor	e City		1	YES 2 NO		
	10e. STREET AND NUMBER			1. ZIP CODE		CITIZEN OF WHA			
FUNERAL	4010 Fairfax Road			21216	4.6	US	A		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Specify Yes or No- n, Puerto Rican, atc.)	- 14. RACE — Black, V	American Indien, /hita, atc.		
BA	1 Never Married 2 Married IF YES, GIVE WAR OR D			2 NO Specify		Specify:	Black		
	15. DECEDENT'S EDUCATION	16a, DECEDENT'S 1	IISLIAL OCCUPATI	ON	16b. KIND OF BUSINESS	INDUSTRY			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4 or 5 +)	(Give kind of w life. Do NOT use	vork done during me	ast of working	TOWN 1815				
N N	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle, Malden Sumam	0)			
U I	George Lynch			Pattie	Lynch		-47		
BE	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town, State,				
2	Evangeline Adams	4010	Fairf	ax Rd.	Baltimore,	MD 2	1216		
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) 20c. LOCATION — City or Town, State other place)								
Ì	4 Donation 5 Other (Specify)	Metro Cr	emator	y, Inc.	Balti	more,	Marylan		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Lett	Lero 4600	y 0. Dy Libert	ett & Son F y Heights <i>F</i>	Tunera Ivenue	1 Home 21207		
	23. PART I. Emar the disease, or complications that caus						Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	RDIAL	INF	ARCTI	ON		Onset and Deat		
	DUE TO (OR AS	A CONSEQUENCE OF	ED.		and the		1		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	CLUTOTIC A CONSEQUENCE OF		DIOVASC	LULAR DISC	rase	Years		
Ĕ	that initiated events	A CONSEQUENCE OF	F):						
ERT	resulting in desth) LAST								
. 1	PART ii. Other aignificent conditions contributing to death	but not resulting	in the underlying	ng cause given in		PSY 24b. W	PERE AUTOPSY FINDINGS		
8	PERFORMED? ANAI						MAILABLE PRIOR TO COMPLETION OF CAUSE		
	Hubertension				1 D YES 2 X NO	'	F DEATH?		
2									
AN	25. WAS CASE REFERRED TO MEDICAL		26. 1	PLACE OF DEATH (C)	heck only one)				
SIC	EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Ou	utpatient 3 🗆 DOA	OTHER: 4 - Nursing Ho	me 5 - Residenca	6 Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year)			JURY AT	28d. OESCRIBE HOW INJURY	OCCURED			
ВУР	1 Netural 5 Pending Investigation			YES 2 NO					
	3 Suicide 6 Could not be 28a. Pt.ACE OF INJUT	RY — At home, farm, a pecify)	street, factory, off	lca	261. LOCATION (Street and Nu. City or Town, State)	mber or Rural Ro	ite Number,		
	4 Homicide detarmined								
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my known	owledge, death occurr	red at the time, dar	te and place, and du	a to the cause(e) and menner as	s stated.			
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examinat	ilon and/or investigation	on, in my opinion,	death occured at the	e time, data and place, and due	to the cause(s)	and menner as stated		
Ö	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	IMBER 29d.	440 1	Month, Day, Year)		
<u>m</u>]	Aboile (1 Smilker) 1	1D		D2566	23	Februs	NRY 26, 199		
0	WITHERE DI CHARLES						10/ 100/		

DMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD 2300 GACKI SON BLVD

32. ACCISTNAR'S STATISTICS

A JAM GOOD A MINISTERS



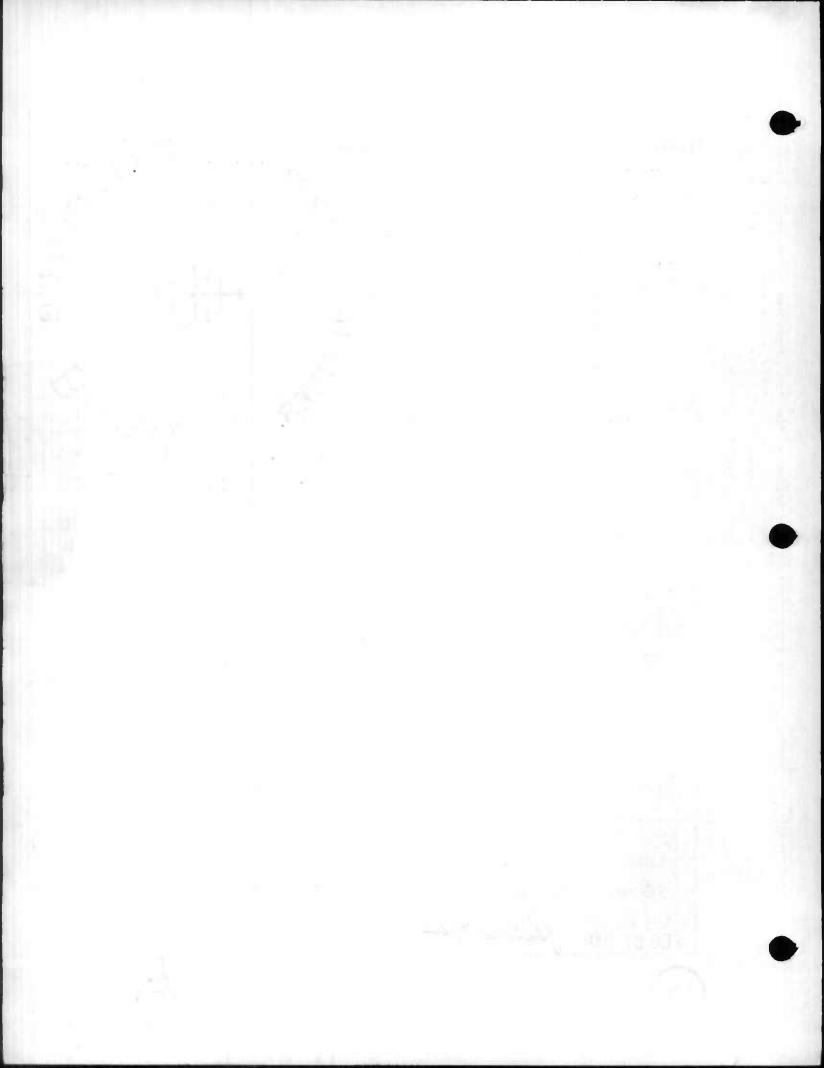
FEB 27

1991



BALTIMORE

MARYLAND



BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is merked, or Item 23 shows any injury, or other traumatic event, the medicel examiner must be nell

FEB 2 7 1991

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH A		HYGIENE REG. NO.	21	03008		
	1. DECEDENT'S NAME (First, Middle, Last) William Jessie	Bloomer,	Jr		2. DATE (MONTH Feb	. 26, 1	991	3. TIME OF DEATH 2:00 p. M		
		SEX 8. AGE (In	Country	diana						
TOR	Montgomery Ge			Montgomery						
L DIRECTOR	10a. STATE 10b. COUNTY	tgomery Co		own or Location Liver Springs		100		10d. INSIDE CITY LIMITS? 1 YES 2 NO HAT COUNTRY?		
FUNERAL	12902 Matey Road	. WAS DECEOENT EVER IN FORCES? 1 YES		20906 13. WAS DECENDENT OF It yes, specify Cuben, I	HISPANIC ORIGIN	— American Indian,				
À I	1 Never Married 2 Narried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATI	IF YES, GIVE WAR OR DAT	Yes	1 TYES 2 NO	Specify:	() KIND OF BUSINESS	Specifi			
COMPLETED	(Specify only highest grade com	ollege (1-4 or 6+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i Retir	k done during most of working stired.)		Navy Security Yard				
BE CON	William Jessie Bloomer, Sr Edith Ellen Webb									
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs Yvonne Bloomer Wife 12902 Matev Road.Silver Spring. MD 20906 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State									
	20s, ME: HOU OF DISPOSITION 1 Gental 2 Cremation 3 Removal 4 Constion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	from State	other place)							
	1 Somurel	Ronald S.	Wade,Di /27/91	22. NAME AND ADDRESS 655 W. Balt	imore S	State And treet,Ba	atomy : lto,MD	Board 21201		
	23. PART/I. Enter the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on ea	ch line.		, such aa card	liac or reaplratory	arrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL OF	PART II. Other significant conditions o	ontributing to death bu	t not resulting in	the underlying cause giv	en in Part I.	24s. WAS AN AUTOF PERFORMED? 1 YES 2 W		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	QSPITAL:		26. PLACE OF DEA						
or Fritz	27. MANNER OF DEATH 1—Netural 5 Pending 2 Accident Investigation	Äinpatient 2 ☐ ER/Outpa 26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJURY AT WORK? M 1 YES 2 P	28d. DE\$	r (Specify) CRIBE HOW INJURY	OCCURED			
a C quiette I 286 PLACE OF INJURY At home form street fectors office I 284 LOCAT							CATION (Street and Number or Rural Route Number, y or Town, State)			
COMPLEIED	enal .			at the time, date and place, as in my opinion, death occured				end memner as stated.		
IO BE	29b. SIGNATURE AND TITLE OF CERTIFIER Edward Taubmar		2 Paul	29c. LICENS	3459	29d.	DATE SIGNED	(Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P	0 Db 1 0 D	. 01	1000	04	20253		

100 72 831

Pages 1, 2, 3 should

or attending proyectan.	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.			
lay be retained by the Income	page 5 should be detached fi		t be notified at once.	
E MUSPITAL DE ALIENDING PRINCIPAN. THE TAM FEQUIES THAT THE DESTRICT OF THE TRANSPORT OF TH	illed in by the funeral director,	n, or removal.	RTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
HURAIG DE EXECUTED WILLIAM	ng physician and completely f	d within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	other traumatic event, th	
aw requires that the beath of	s been signed by the attendi	ept. of Health and Mental Hy	3 shows any Injury, or	
LENDING PHYSICIAN: The 18	TOR: After this certificate has	after death with the State De	28 is marked, or Item 2	
HUSPIIAL UR A	FUNERAL DIRECT	within 72 hours	RTANT: If Item 2	

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DE		NT OF H			HYGIENE REG. NO.	9	1 0	5009		
,	1. DECEDENT'S NAME (First, Middle, Last). ROBETT	Alle		ckwe1			2. DATE OF		21,	19 9 ¶ 3.	TIME OF DEATH 3:45pm M		
	4. SOCIAL SECURITY NUMBER 212-10-4267	5. 9EX 6	AGE (In yrs. lest birth	rday) IF UI	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 6, 1907 Virg:				ACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give st Maryland General	9a. FACILITY NAME (If not institution, give street and number) Maryland General Hospital						9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City					
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland	, <u> </u>			CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? XX YES 2 \(\) No								
	104 West Lafayett	e Avenue	<u> </u>	Jarer	101.	ZIP CODE			-	S. A	T COUNTRY?		
	11. MARITAL STATUS 1 Never Merried 2 Merried 3XX Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR								14. RACE -	American Indian, rhite, atc. Black		
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kil life, Do I	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF B									
	High School 17. FATHER'S NAME (First, Middle, Last) John W. Blackwel						AME (First, Mide	dle, Malden S		Print	ing Co.		
	190. INFORMANT'S NAME (Type/Print) Wallace E. Blackw												
	20a. METHOD OF DISPOSITION Source Department Depar	other place)	r place)				Bal	timo	ore Co	unty, MD			
	tealret 1	E. Mu	ther		2501 Balti	Gwynns more, M	Falls arylan	Parky d	21 6				
	23. PART 1. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	List only one ceuse	on each line.	d the desth. Do not anter the mode of dying, such as card ech line. C $bowel\ disease$				c or reapir	atory a	rrest,	Approximate Interval Batween Onset and Death		
	Sequentielly list conditions,	DUE TO (OR AS A CONSEQUENCE OF): Sepsis (as per history)											
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		noma of		ung								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPSY PERFORMED? 1 🛎 YES 2 🗆 NO DF								ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? [XYES 2 NO				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/Outpellant 2 🗆 f		HER:	ACE OF DEATH (C		0#.)					
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF II	UURY 26	Bb. TIME OF INJURY	26c. INJ WO	S G Residence URY AT RK7 'ES 2 NO	1		V INJURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF building, a	INJURY — At home, ic. (Specify)	farm, street	, tectory, offic			ION (Street a Town, State)	nd Numb	er or Rural Rou	te Number,		
	29a. CERTIFIER (Check only one) 1 1 CERTIFYING PHYS										nd manner as ateted.		
	29b. SIGNATURE AND TITLE OF CERTIFIE	R	m	0		29c. LICENSE NU	MBER		29d. D/	TE SIGNEO (A	fonth, Day, Year)		

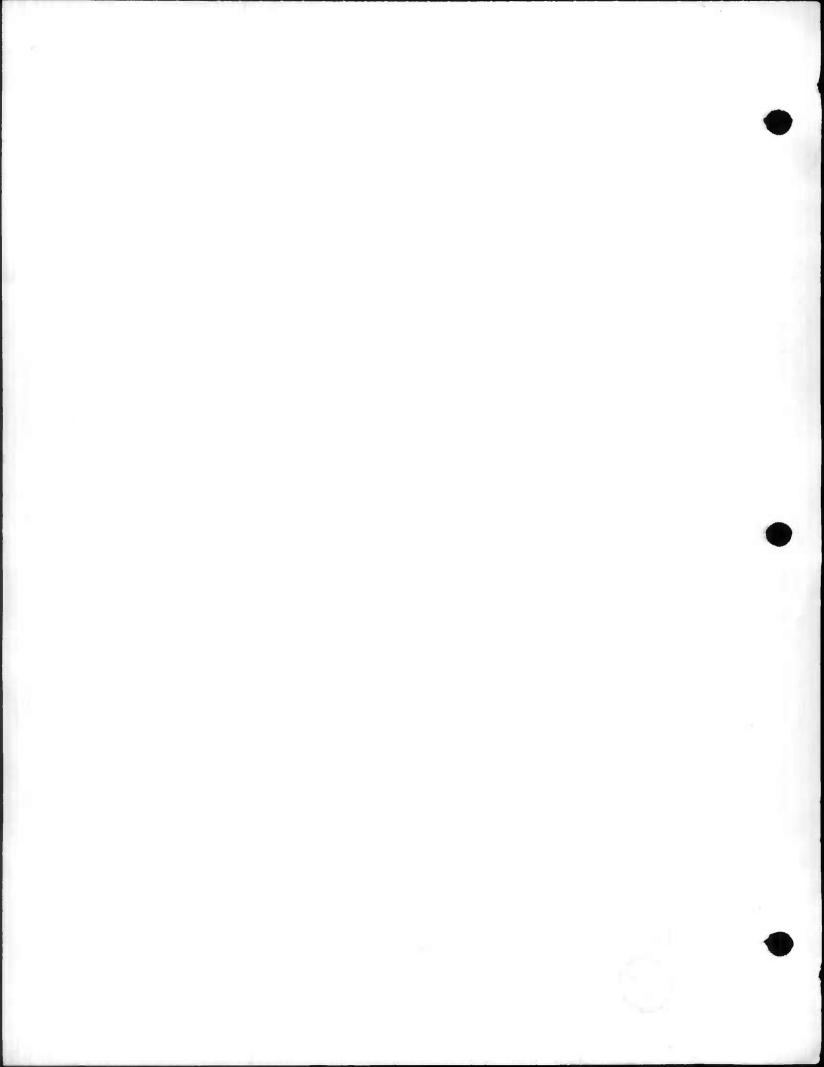
(P)

FEB 27 1991

30. Name and address of Person who completed cause of death (ITEM 27) (Type, Print) $Thomas\ Williamson,\ M.D.$

32. REGISTRAR'S SIGNATURE

c/o Maryland General Hospital

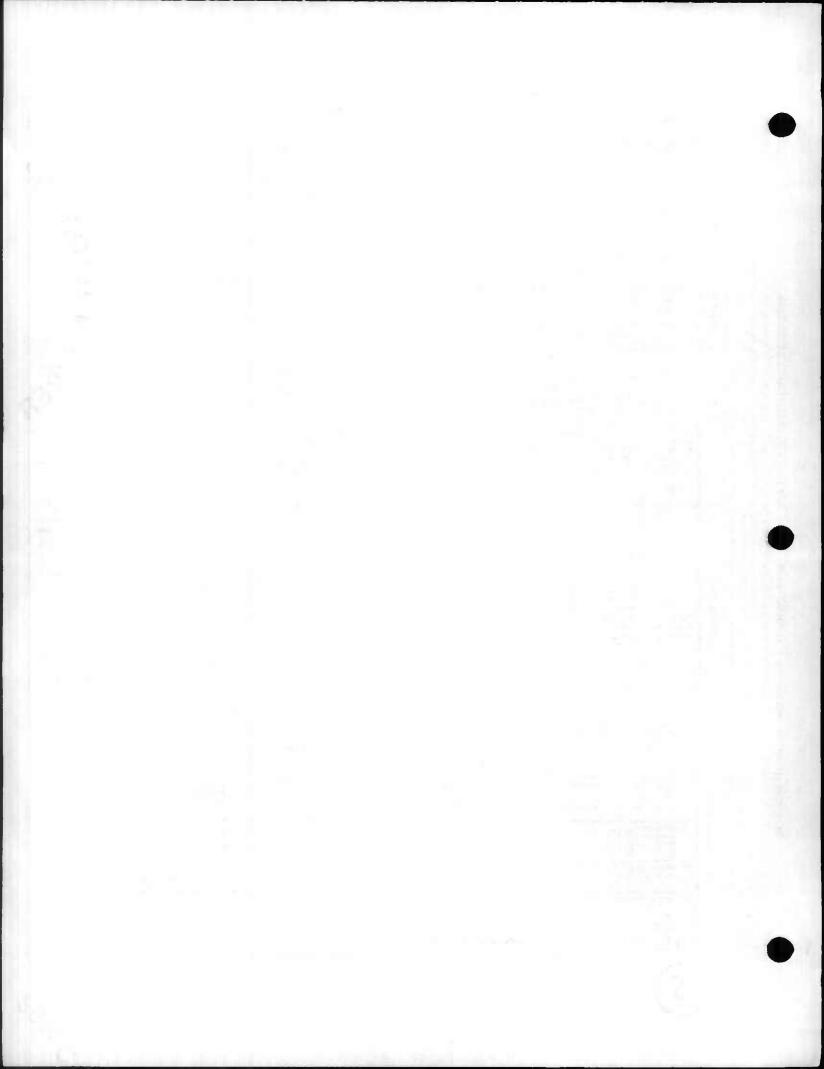


NG	RECTOR: Aft	72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING I	TO THE FUNERAL OIRECTOR: After	be filed within 72 hours after death	IMPORTANT: If Item 28 is marked	

									9		05010
	FOR STATE REGISTRAR	STATE OF M			TMENT OF H	DEATH AND I	MENTAL	HYGIEN REG. NO.	E		
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE O		W Y	3. 1 EAR	IME OF DEATN
	Audrey	Hill		Bro	wn		Feb				М
- 1	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	Day, Year)	6.	BIRTHPLA Country)	CE (State or Foreign
	214-40-5659A	1 🗆 M 2 😾 F	79 YRS. 300 MINISTRA			Dec 13 1911 Missour					
	9a. FACILITY NAME (If not institution, give a				OR LOCATION OF DI	EATH		9c. COUNTY	OF DEATH	1.0	
9	2103 Liberty Heights Avenue Baltimore										
딥	RESIDENCE OF DECEDENT 104. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCA	TION				10d	. INSIDE CITY
E I	Maryland		В	altimore	2				128	LIMITS? YES 2 NO	
ار	10e. STREET AND NUMBER					I. ZIP COOE			10g. CITIZEI		
ER/	2103 Liberty Heig	hts Avenu	e			21217			U.	S. A	
FUNERAL DIRECTOR	11. MARITAL STATUS	EVER IN U.S. ARE	S. ARMED 13. WAS DECENDENT OF HISPANIC ORIG					or No.— 14	RACE -	American Indian, lite, atc.	
BY F	1 Never Married 2 X Married	IF YES, GIVE W	YES 2 N	0		ecity Cuben, Mexica 2 NO Specif		ican, atc.)		Specify:	inte, en.
	3 Widowed 4 Olvorced										Black
빌	15. OECEDENT'S EDU (Specify only higheat grade		(Gh	ve kind of	USUAL OCCUPATE work done during me se retired.)	ON ost of working	16b.	KIND OF BU	SINESS/INDUS	TRY	
3	Elementary/Secondery (0-12)	College (1-4 or 5+)	A70.	Teac			l _R	alto.	Publi	c Sch	nool Syst.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	olicge		Teac	HCL	18. MOTHER'S NA					out system
8	Abraham Hill					Althia			Somemey		100
H	19e. INFORMANT'S NAME (Type/Print)		104	MAILING	ADDRESS (Street	_			n Stetn Zin C	ode) 212	217
190. INFORMANT'S NAME (Type/Print) Douglas B. Brown 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Z 2103 Liberty Heights Ave. Baltimon											
	20a. METNOD OF DISPOSITION		20b. PLACE	OF DISPO		metery, cremetory or		_	CATION - CIT		
	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	tombment	Wood		Cemet	24.17		Bal	timore	Cour	nty, MD
	21. SIGNATURE OF FUNERAL SERVICE LI		1 00000	77.00	22. NAME A	ND AODRESS OF FA	ACILITY N	utter	Funer	al Ho	omes, Inc
_ \	1/01/1015	E h.	FI		2501	Gwynns imore, M	Falls	Park	way.		,
	23. PART I. Enter the diseases, or	complications that	caused the de	ath. Do						ıt,	Approximate
	ahock, or heart fallure.	List only one cau	se on each line		Δ	1					Interval Batwean Onset and Death
	IMMEDIATE CAUSE (Final										
	DUE TO (OR AS A CONSEQUENCE OF)										
z	- Advanced Encometrical Cancinoona										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate										
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
TH	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE C	DF):						ĺ
H	Contains in calcul, 2-3-	d									
	PART II. Other algnificent condition	ne contributing to	death but not r	eauiting	in the underlyle	ng cause given in	Part I.	24e. WAS A	N AUTOPSY		RE AUTOPSY FINDINGS AILABLE PRIOR TO
2								1 TYES		CC	MPLETION OF CAUSE DEATH?
MEDICAL											YES 2 NO
IA	25. WAS CASE REFERRED TO MEDICAL				T	PLACE OF DEATH (C	heck only or	ne)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing No	me 5 🗆 Residence	8 🗆 Othe	r (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TI	ME OF 28c. IN	IJURY AT YORK?	28d. DE	SCRIBE HOW	INJURY OCCU	IRED	
BY	1 Natural 5 Pending 2 Accident Investigation				M 1 🗆	YES 2 NO					
0	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm,	street, factory, off	Ice		or Town, Stet	and Number o	r Rural Rou	e Number,
ETE	4 Homicide determined									-	
IPL.	(Check only	SICIAN: To the best of									
COMPLETE	one) 2 MEDICAL EXAMIN	IER: On the basis of e	xamination and/or	flon and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee st						nd manner ee stated.	
BE (296. SIGNATURE AND TITLE OF CERTIFI	ER MIN	1			29c. LIDENSE N	UMBER	1	29d. DATE	SHOWED IN	orany Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	SIVUY	400	M c= -	- Polisi	11-6	005		- 2	126	141
	III JULIANNE AND ADDRESS OF PERSON W	ITO DOMPLE IED GAU	JE UT UCAIN (ITE	m 27) [//[70. (TITE)						

FEB 27 1991

32. REGISTRAR'S SIGNATURE



)		TO BE COMPLETED BY FUNERAL DIRECTOR
Te .	examiner must be notified at once.	TO BE COMPLET
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CE	RTIFIC	ATE	OF I	DEATH	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME OF DEATH
Mary J. Beitma	n						MONTH 2	2	2	9TAR	10:30Am
4. SOCIAL SECURITY NUMBER		AGE (in yrs. lest	t birthdav)	F UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			IPLACE (State or Foreign
577-28-1244	1 □ M 2 □ □ F	73			_	HOURS MIN,	(Month, D. 12-	18-17		Countr	
9a. FACILITY NAME (If not institution, give a			9	b. CITY, T	TOWN OR	LOCATION OF OR	ATH		9c. COU	NTY OF D	EATH
6900 Beech Ave	nue				70	rerlea					
RESIDENCE OF DECEDENT											-
10s. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR							10d. INSIDE CITY LIMITS?
Md.						ltimore	City				1.XXYES 2 NO
100. STREET AND NUMBER 6900 Beech Ave	nue				10f. 2	ZIP CODE 2120	6		10g. CIT	IZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED	13. W	AS DECE	NDENT OF HISPAN	HC ORIGIN? (S	Specify Yea	or No-	14. RACI	E — American Indian, k, White, atc.
1 Never Married 2 Married 3 W Widowed 4 Divorced	FORCES? 1		10			NO Specifi		n, atc.)		Spec	
15. OECEOENT'S EDU		16a. DE	CEDENT'S US	SUAL OCC	UPATION	ı	16b. KII	ND OF BUS	INESS/IN	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(G/	ive kind of wor Do NOT use i	rk done du retired.)	ring most	of working					
Listing, Colorinary (C.12)	Conage (14 of 54)		House	wife	2		H.	omema	king	p	
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA				2	
George Howard B	athon						/ M. S	,			
19e. INFORMANT'S NAME (Type/Print)	~~ 011011	104	MAILING A	DDBF99 /	Street ear	Number or Rural i			State 74	Code!	
Mr. John Philli	n Reitmon	196						-			Md. 21128
20a. METHOD OF DISPOSITION	p Dereman	Lank BLACE				se nu. I	barto.		ATION —		
N☐ Burial 2 ☐ Cremation 3 ☐ Rem	oval from State	other pla	(80e)								•
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE	DEMOSE	Most	ноту	_		er Cemet		Bal	tlmc	re,	Maryland
Ch De		ussa Lu	Finan	Las	sahi	appress of fa n Funera elair Ro	al Hom		MA	21.0	776
23. PART i. Enter the diseases, pr	2010	aused the de									
ahock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)				الدح	ill at	e Di dying, auc	m se cerdiec	or reap	retory ar	reat,	Approximate interval Between Onset and Death
reagining in death)	DUE TO (d	R AS A CONSEC	DUENCE OF	10	TU U						
	· Yhu	Doch	att.	15	res	sof co	King	m			
Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEC	QUENCE OF):					V. U			
cause. Enter UNDERLYING CAUSE (Disease or injury	C										
that initiated events resulting in death) LAST	OUE TO (O	R AS A CONSEC	DUENCE OF):								
readiting in death) CAST	d										
PART ii. Other significant condition	ns contributing to de	eath but not r	eauiting in	the und	leriving	cause given in	Part i. 24	a. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS
					,			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
							一 1	YES 2	□ NO		OF DEATH?
											1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	-	CE OF DEATH (Ch	reck only one)				
1 TES 2 AND	1 Inpatient 2 E	R/Outpatient 3	□ DOA	Nursi	ng Home	8 - Aveldence	6 Other (S	Specify)			
27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIME	OF 2	28c. INJU WOR	RY AT	26d. DESCR	IBE HOW I	NJURY OC	CURED	
1 2 Natural 5 Pending 2 Accident Investigation				M		S 2 NO					
3 Suicide 6 Could not be	28e. PLACE OF I	NJURY — At ho	me, farm, str	eet, factor	ry, offica		281. LOCATE	ON (Street a	ind Numbe	r or Rural	Route Number,
4 Homicide determined	3313113						J. Sity Of 1	omi, Glatej			
29a. CERTIFIER	ICIAN: To the heat of m	v knowledon de	ath occurred	at the time	no dete s	nd place and du	to the cauced	(a) and mas	War en et	ted	
onel only											a) and menner as stated.
	- 232	-		,,,				_ p, all			
29b. SIGNATURE AND TITLE OF CERT	1.11	1,00				29c. LICENSE NU	MBER 27		29d. DA	TE SIGNED	(Month, Day, Year)
/ mouls	10/02/	ILEM	1111	7		10/	700		0	10	3/9/
30. NAME AND ADDRESS OF PERSON WI										/	
Dr. Marvin Feld	dman Merc	y Hosp	ital -	- Su:	ite	212 Ba	lto	Md.	783	-585	8
31. DATE FILED (Month, Day Year)	32. REGISTRAR		3	100							
LEB 27 1931 8	und Davidson	Manage	•								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within a variable of the control of the contr IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	1 05012				
1. DECEDENT'S NAME (First, Middle, Lest)	D		2. DATE OF DEATH DAY YES	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER	5. SEX / 6. AGE (In vrs. last birthday) F		2 23 9	1250 4 11				
218-10-4379	1 M 2 F 7-2 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) () / 15 / 18	MRTHPLACE (State or Foreign Ountry)				
MASON LORD NU	RSING HOME	BAHA.	EATH 9c. COUNTY (OF DEATH				
RESIDENCE OF DECEDENT 10a. BTATE 10b. COUNTY		OWN OR LOCATION		10d. INSIDE CITY				
MD BAH	IMORE T			1 TYES 2 NO				
3563 McShar	F. LIAY	21222	10g. CITIZEN	OF WHAT COUNTRY?				
11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. APMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica		RACE — American Indian, Black, White, etc.				
1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TES 2 TO Specif	y:	Specify: WhitE				
15. DECEDENT'S EDUC (Specify only highest grade of	completed) (Give kind of work	done during most of working	16b. KIND OF BUSINESS/INOUST	RY				
Elamentary/Secondary (0-12)	College (1-4 or 5 +)	MAKER						
17 FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Surname)	6				
Stanislaus	Wolinski	Stell	A Krajen	SKI				
BARBARA CREIE	SHTON 215 HO	NORESS (Street and Number or Rural NUMBERRY RD.	Route Number, City or Town, State, Zip Cod	MD 21146				
20s. METHOD OF DISPOSITION 1 D Buriel 2 Cremetion 3 Remo	val from State 20b. PLACE OF DISPOSITION other place)	ON (Name of cornetery, crematory or	20c. LOCATION — City	or Town, State				
4 Donation 6 Other (Specify)	ENSEE I HOLY KOSa	22. NAME AND ADDRESS OF FA	CLITY DAITO.	MD				
* Kathleen	Weber	EDWARD .	J. WEBER FIL	21231				
	omplications that caused the death. Do not list only one cause on each line.	antar tha mode of dying, suc						
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Carcinoma d	FVZginz		Onset and Death				
_	DUE TO (OR AS A CONSEQUENCE OF):	DD 100 Sans						
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSEQUENCE OF):	220. C 301. C	-2					
cause. Enter UNDERLYING CAUSE (Disease or Injury								
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):							
PART ii. Other algolificant conditions	contributing to death but not resulting in t	the underlying cause alven in	Part i. 24e. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
TAIT II. Other argumount conditions	, contributing to death but not resulting in t	are unuallying cause given in	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE				
			1 YES 2 NO	OF DEATH?				
		-						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C)	neck only one)					
1 TYES 2 NO		☐ Nursing Home 5 ☐ Residence	8 Other (Specify) 28d. OESCRIBE HOW INJURY OCCURI	En.				
1 Natural 5 Pending	(Month, Day, Year)		200. DESCRIBE NOW INJURY OCCUR	ευ				
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, farm, stre		261. LOCATION (Street and Number or F	tural Route Number,				
4 Homicide determined	building, etc. (Specify)		City or Town, State)					
	CIAN: To the best of my knowledge, death occurred o	at the time, date end place, and du	s to the cause(s) and manner as stated.					
one) 2 MEDICAL EXAMINE	R: On the basis of examination end/or investigation,	In my opinion, death occured at the	time, date and place, end due to the ce	ause(a) and menner as stated.				
298 SOURATENE AND TITLE OF CENTIFIER		29c. LICENSE NU	MBER 29d. DATE BIO	GNED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Bypa, Print) Ruchard Bernott MD 5200 Eastern Avenue Barlto, MD 21224								
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	Castantida	MY DAILOIT	0.000				
FFR 27 1991	gulia Davidson-Manages			4				



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TO BE COMPLETED BY FUNERAL DIRECTOR

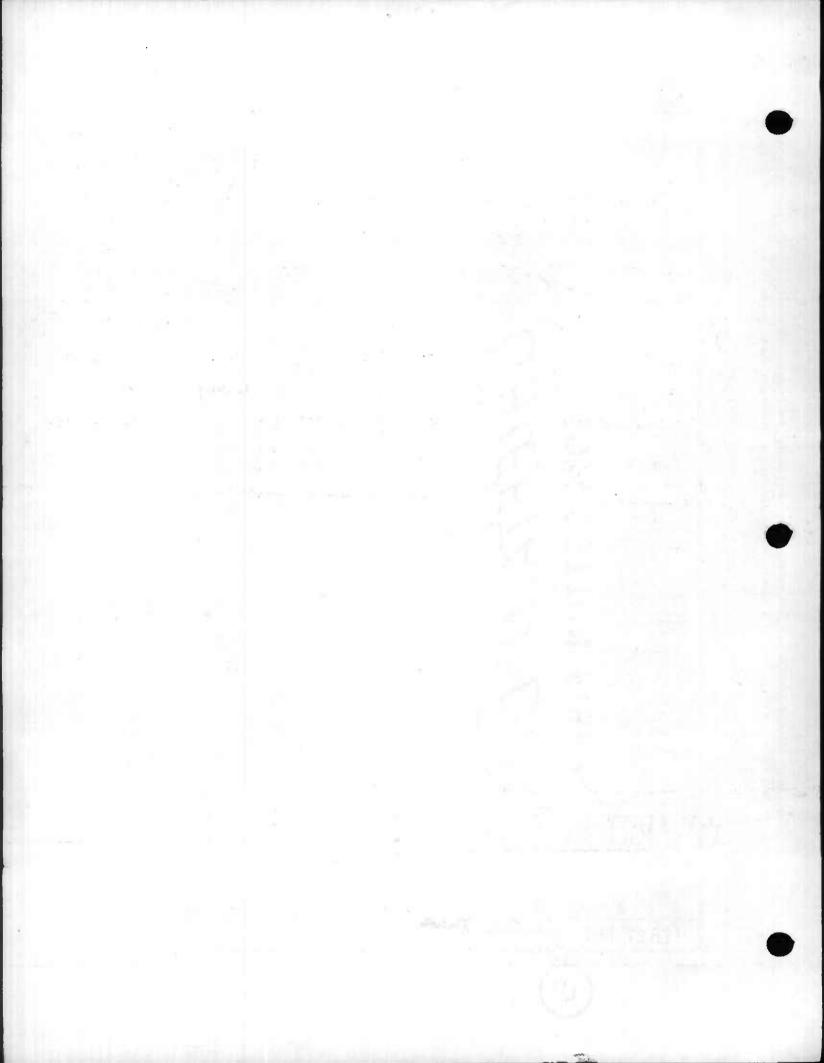
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE REGISTRAR		STATE OF N				OF DE		MENIA	REG. NO.	t		00010
1. DECEDENT'S NAME (First, CALV)	N	F.	CLAR	212				2. DATE	13	22.	YEAR	3. TIME OF DEATH 230
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. le:	t birthday) YRS.	IF UNDER 1 1	YEAR IF UN	DER 24 HRS. S MIN.	(Mon	th, Day, Year)		Country	
9a. FACILITY NAME (If not ins			29		96. CITY, T	OWN OR LOC	ATION OF E		/19/61		H&II	ax, N. C
Baltimore (County	Hospita	1		Rand	allsto	าเพา					
RESIDENCE OF DEC	EDENT 10b. COUNTY			10c, CIT	Y, TOWN OR						1	10d. INSIDE CITY
MD	Rand	allstown			ALTIM							LIMITS?
00. STREET AND NUMBER	Rand	CTTO COWII			1111111	10f. ZIP C	ODE			10g. CITI	ZEN OF W	HAT COUNTRY?
3522 Carria	ge Hil	1 Circle	#203			2.	133			Ra	nda1	1stown
1. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					- If y	S DECENDEN res, specify C	aban, Mexic	en, Puerto	N? (Specify Yea Ricen, etc.)		14. RACE	— American Indian, White, etc.
	EDENT'S EDUC		16a, DI	ECEDENT'S	USUAL OCC	UPATION ring most of we	vicina	16	b. KIND OF BU	SINESS/INC	USTRY	
Elementary/Secondary (0		College (1-4 or 8 +) life	. Do NOT us	se retired.)		i ning					
12			S	tock	Clerk				-		ome	Hospital
7. FATHER'S NAME (First, Mi	ddle, Last)					16. M			Middle Maider	Sumame)		
Sam Clark	me/Print)		10	h MAII ING	ADDRESS (Street and Mun			UNDY	n Ptoto 7/o	Carlo	
arry J. Tuc						ge Hi						0110
Oa. METHOD OF DISPOSITI	ON		20b. PLACE	OF DISPOS		of cemetery,				Kand CATION —		town 2113
☐ Donation 5 ☐ Other		ival from State	other p		rk Me	moria					.,	
1. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE				ME AND ADD		ACILITY				
1 0000	nl 1°	Za) a Pto	n 0	1	Dam	sole C	Tom	00/1	611 Da	-1- T-0	d ob to	s Avenue
23. PART / Enter the of hock, or he hock, or he hock, or he hock from the hock from th	esrt fellure. L	list only one csu	A I L)5			aying, aa	VII do Cal				Approximats interval Betwee Onsat and Ds
Sequentially list condition from the condition of the con	diete NG ry		(OR AS A CONSE									
PART II. Other algnifica	ASMOS	contributing to	GPA	resulting	In the und	erlying ceus	sa given l	n Part I.	24s. WAS AN PERFOI	RMED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
5. WAS CASE REFERRED TO	MEDICAL I					00 DI 107 -	F 0F (T)	M t	L			
EXAMINER?	- MESTOPE	HOSPITAL:	EB/Outrations 1	8 (no.	OTHER:	26. PLACE O						
7. MANNER OF DEATH		28s. DATE OF	INJURY	28b. TIM	E OF 2	6c. INJURY A		_	SCRIBE NOW	NJURY OC	CUREO	
	Pending Investigation	(Month, D	ey, Year)	INJ	M	WORK?	2 NO					
3 Suicide 6	Could not be determined	28e. PLACE O building,	F INJURY — At hetc. (Specify)	ome, farm,	street, factor	y, office			CATION (Street y or Town, State)		or Aural A	oute Number,
anal		CIAN: To the best of R: On the basis of a) and manner as ateled
96. SIGNATURE AND TITLE	/ an	1'MD				29c.	D J	73	33	29d. DAT	E SIGNED	(Month, Day, Year)
0. NAME AND ADDRESS OF	PERSON WHO	MD. E	3694	EM 27) (Type	AN	DAL	CIT	TWI	U, N	10	211	37
FEB 27 19	91 9	LA DENTES	SK SINGER									





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	NO.	Gilbard S.
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DIVISION OF VITAL RECORDS, P.O. BOA 13148,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zarriours after death. Page	and the second s
<	2	-
6	tificate	-
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_	death	
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	ICIAN:	
5	PHYS	
5	DING	
2	ATTEN	-
5	98	-
	HOSPITAL	

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	9	05014
	1. DECEDENT'S NAME (First, Middle, Last	CUPIN	1		2. DATE OF DEATH MONTH 2 -26	91 YE	3. TIME OF DEATH COLF PINM
	4. SOCIAL SECURITY NUMBER 2/5-34-6/11			F UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year) 5 - (6-0)	~ 9	BIRTHPLACE (State or Foreign country)
ac ac	9e. FACILITY NAME (If not inetitution, give			The city, town or location of the city, town or location of the city of the ci		9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 10b. COUN	1x (forfinal	10c. CITY.	TOWN OR LOCATION		214	10d. INSIDE CITY
	100 STREET AND NUMBER	Balt. City		city			1 PES 2 NO
FUNERAL	1027 Cat	hidrol S7	- 8D	101. ZIP CÓDE Batt	-21201	10g. CITIZEN	OF WHAT COUNTRY?
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 1 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic 1 YES & NO Specify NO	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:White
PLETED	15. OECEOENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 8th			sual occupation k done during most of worlding retined.)	16b. KIND OF BUS		
once.	17. FATHER'S NAME (First, Middle, Last)		Cabine		Chimnes AME (First, Middle, Malden S		ler
TO BE	Tito Cupini 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Rura	A Tosti	, State, Zip Coo	(e)
2	Fernando Tosti			on Air Road.		CATION - City	
r must	1 □ Buriel 2 ☆ Cremation 3 □ Rs 4 □ Donation 5 □ Other (Specify)	movel from Stats	other place)	rk Cemetery	Co. Balt	imore	. Md.
a. examiner	≥ Maria 9	J. Zankers	,	Joseph N. Z 263 S. Conk	annino Fu Lling Stre	neral	Home 21224
vent, the medical or	23. PART I. Enter the diseases, or abook, or heart fallure IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	s. List only one cause on e.	the death. Do no ach lins. CONSEQUENCE OF:	L Peritor	ch as cardiac or respir	ratory arrest,	Approximata Interval Between Onset and Death
y, or other traumatic e	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SEVER	CONSEQUENCE OF:	schnic) /	LT Colon		
3	PART II. Other significant condition	one contributing to desth b	out not resulting in	the underlying cause given i	n Part I. 244, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
shows any : MEDIC					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINENT	HOSPITAL:		26, PLACE OF GEATH (COTHER:			
5 ×	1 ØYES 2 ☐ NO 27. MANNER OF DEATH	1 Impatient 2 ER/Outs 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT WORK?	8 Other (Specify) 28d. OESCRIBE HOW II	UURY OCCUR	EO
is mark	1 Testural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not b	28s. PLACE OF INJUST	— At home, farm, str	M 1 YES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or F	Burel Floute Number,
tem 2	4 Homicide determined	/SICIAN: To the best of my know	ledge, death occurred	at the time, data and place, and do	ue to the cause(s) and man	ner es stated	
V = =	enel .			in my opinion, death occured at the			ruse(s) and manner as stated.
PORT BE	296. SIGNATURE AND TITLE OF CERTIF	y Mi w	· Surg		416	29d. DATE SI	QNED (Month, Day, Year) 2 - 26-91
2 ₹ 2	30. NAME AND ADDRESS OF PERSON Y	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, 1	3 ST-PAUL	Pl. Br	out.	21202
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE Randalle				G,
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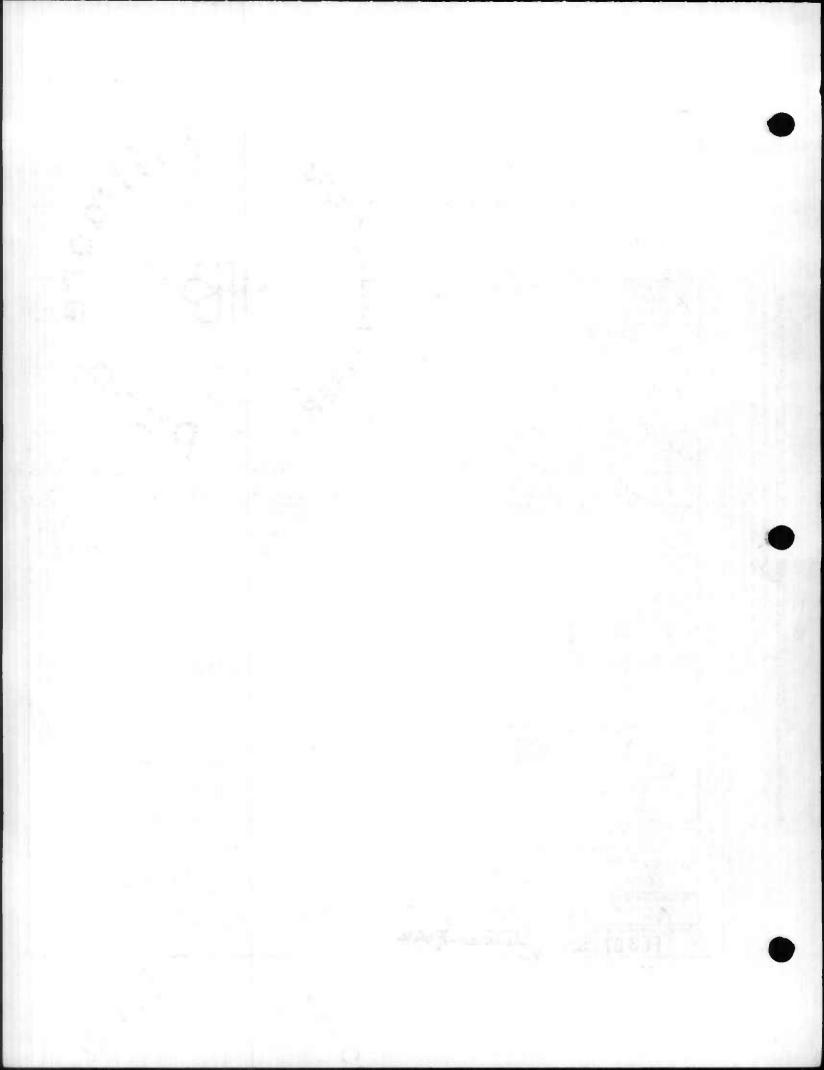
1 - FOR STATE REGISTRAR

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	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-3 indus after death. Page	renar nucerroo. After this continues has been closed by the strending physician and completely filled in by the funeral direct
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DIVISION OF VITAL RECORDS, F.O. DOA 19149,	cuted	nd com
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_	SPITAL	CDAL

	1. DECEDENT'S NAME (First, Middle, Last) DOYOTHU U. Colbert	2. DATE OF DEATH DAY	3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 1	(Magth, Day, Your) 24	8. BIRTHPLACE (State or Foreign Country) MARY/AND TY OF DEATH							
CTOR	3625 Columbus Drive Baltime	ore _								
DIRE	mD 106. COUNTY 106. CITY, TOWN OR LOCATION Baltimo	TE	10d. INSIDE CITY LIMITS? 1 YES 2 NO							
IERAL	3625 Columbus Deive 101. 219 CODE 2/2	15 - 10g. CITIZ	LEN OF WHAT COUNTRY?							
BY FUNER	12. WAS DECEDENT EVER IN U.S. APMED 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. APMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISP II yes, specify Cuben, Mexi	can, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: Black							
, APLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) DAY CARS PUVIOE The Decedent's USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use nettred.) DAY CARS PUVIOE	16b. KIND OF BUSINESS/IND	USTRY							
I at once.	17. FATHER'S NAME (First, Middle, Last) A. Colbert Eth	NAME (First, Middle, Maiden Surname) EL N. Sn	rith							
TO BI	DEMETRIA Sherrill 4/12 R. ROCERS	al Route Number, City or Town, State, Zip AUE BAIF	mure, MD							
must be	20b. METHOD OF DISPOSITION 1 Duriel 2 Gremation 3 Removal from State 4 Donation 5 Other (Specify)	HUDE FINKS	in							
examiner	21. SIGNATURE OF FUNDRAL SERVICE LICENSPE 22. NAME AND ADDRESS OF CHATMAN	11 4.	701 Mc Cillo							
traumatic event, the medical carried	23. PART I. Effer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
rital hygiene prior to burst, by, or other traumatic ever CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
CERT	resulting in death) LAST									
shows any injury, or other trains: MEDICAL CERTIFICAT	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given	in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
or item 23 a	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH EXAMINER? HOSPITAL: OTHER:	(Check only one)								
red, or item 23 s PHYSICIAN:	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Resident 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY AT WORK?	28d, OEŞCRIBE HOW INJURY OC	CURED							
within 12 hours after death with the State Dept. or TANT: It frem 28 is marked, or Item 23 sho COMPLETED BY PHYSICIAN: M	1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)									
ANT: If item	29e. CERTIFIER (Check only one) 3/1 MEDICAL EXAMINEBTOR the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.									
important: TO BE CO	296. SIGNATURA AND TITLE OF CERTIFIES 296. LICENSE 1 296. LICENSE 1 D 7 Y		E SIGNED (Month, Pay, Year)							
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Wm. C. Water Freld MD St How Hospital	l gro Cafan	Ave Bolt							
	FEB 27 1991		,							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

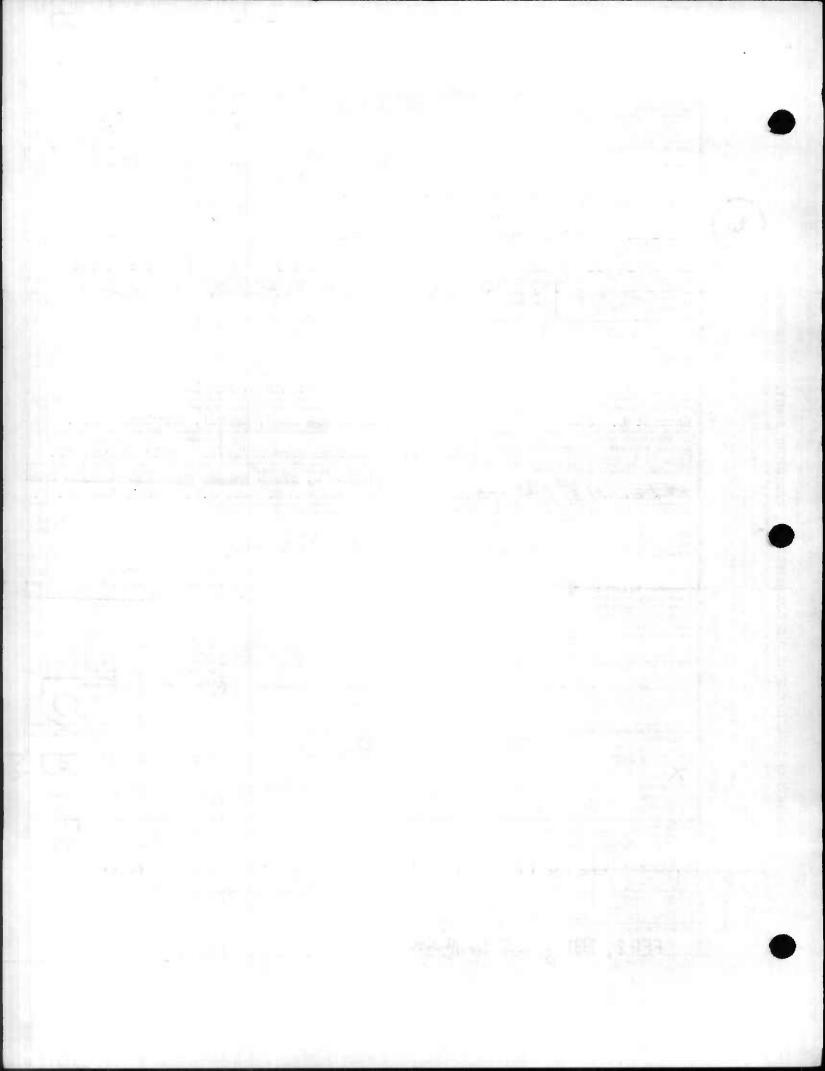
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1	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTME			MENTAL	HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) BRANDON	MICHAEL	CC	OOK		2. DATE O	F DEATH DA	1991	YEAR	7:49 a M
	4. SOCIAL SECURITY NUMBER NONE	1 M 2 D F	8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. O YRS. DAYS DAYS HOURS MIN. 7. DATE OF BIR (Month, Days, Dec.)				F BIRTH (2007), 1	.990	Mar Mar	yland
HOL	9a. FACILITY NAME (If not institution, give a GREATER LAUREL BE RESIDENCE OF DECEDENT	or Location of Death oc. COUNTY OF DEATH Prince George								
District	10a. STATE 10b. COUNT	cyland Prince George's			10c. CITY, TOWN OR LOCATION Laurel			10d. INS 1 YE		
PUNEHAL	10e. STREET AND NUMBER 249 Brock Bridge	101. ZIP CODE 20707							hat country? States	
	11. MARITAL STATUS 11. Never Merried 2 Merried 2 Divorced	lerried 2 Merried FORCES? 1 YES 2 NO If yes			ENDENT OF HISPAN incity Cuben, Mexicar 2 NO Specify.	, Puerto Ri		or No— 1	Specif	- American Indian, , white, atc. y: White
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)						kind of Bus	INESS/INDU		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
BE COM	none 17. FATHER'S NAME (First, Middle, Last) Grover Fred Cook				16. MOTHER'S NAM	ME (First, Mi	ddle, Malden			
2	190. INFORMANT'S NAME (Type/Print) Harriet L. Cook		249 Bro	ck Bri	nd Number or Rural F .dge Road	l, La	urel,	Mary]	land	
	20b. PLACE AND GATE OF DISPOSITION (Name of carmetor) 3 Green Removed from State of Carmetor) 20b. PLACE AND GATE OF DISPOSITION (Name of carmetor) 20c. LOCATION — City or Town, State of Carmetor) 20c. LOCATION — City or Town, State									
	Double 6.	Hottlem	702	232 CA	RROLL ST	REET	, N.W.	, WAS	SHIN	FUNERAL HOM
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
ķ	PART II. Other aignificant condition	Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.					PERFOR	AS AN AUTOPSY 24b. PER 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1									
BY PHY	27. MANNER OF OEATH 1 Netural 6 Pending Investigation	266. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 28d. DE\$CRIBE HOW INJURY OCCUREO						ارعر		
	3 Suicide a Could not be determined	cide a Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, Stelle)							loute Number,	
COMPLETED	anal hard	ER: On the basic of my knowled) and menner on stated.
O BE	Hon to Sally OCME					29d. DATE	TE SIGNEO (Month, Day, Year)			
	MARIO F GO	LE JAMO	2. [1]	PEN	N ST	PSA	170.	MD	2	701
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	une and the		1					

DHMH-18 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

REGISTRAR			CERTIF	ICATE OF	DEATH	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	1				/	2. DATE OF DEATN			3. TIME OF DEAT	'n
	Louis C. Ce		CRI	0445	MONTH DA		YEAR 91	946	AM	
4. SOCIAL SECURITY NUMBER	6. SEX		s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6		LACE (State or Fo	reign
453-40-4494	1 🗶 M 2 🗌 F	61	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12/20/29	.	Country) TEX		
9a. FACILITY NAME (If not institution, give s	street and number)	- OI		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNT			
GOOD SAMARITA	I HOCDT	דגיו		DATM	TMODE C	rmvz				
RESIDENCE OF DECEDENT	N HUSPI	IAL		BALT	IMORE C	LTY				
10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOC	ATION				10d, INSIDE CITY	r
MARYLAND			B	ALTIMO	RE CITY				X YES 2	NO
10e. STREET AND NUMBER				1	of. ZIP COOE		10g. CITIZE	N OF W	HAT COUNTRY?	
1358 PENTWOOD	ROAD				21218		1	USA		
11. MARITAL STATUS	12. WAS DECEDEN	T EYER IN U.S	. ARMED	13. WAS DI	CENDENT OF NISPAN	IIC ORIGIN? (Specify Yes	or No- 1	4. RACE	- American Indi White, etc.	an,
1 Never Married 2 Married	IF YES, GIVE V	WAR OR OATES	□NO	If yes, t	pecify Cuban, Maxical S 2 XNO Specify	n, Puerto Ricen, etc.) /:		Specify		
3 Widowed 4 Olvorced	8/27/5	1 - R	ETIRE						BLACK	
t5. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a	. DECEDENT'S	USUAL OCCUPAT	ION post of working	16b. KIND OF BUS	SINESS/INDU	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT us	se retired.)	•	U.S.	ARMV			
						0.5.	IIICII			
17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)			
JOE CEPI	HUS				ANNIE	MEA	LS			
19a. INFORMANT'S NAME (Type/Print)		_	19b. MAILING	ADDRESS (Stree	and Number or Rural I	Route Number, City or Tow	n, State, Zip C	lode)		
CARRIE CRANK	CEPHUS		1358	PENTW	OOD ROAL	BALTIM	ORE,	MD	21218	
20 METHOD OF DISPOSITION		20b. PL	ACE OF DISPOS		emetery, crematory or		CATION — CI			
1 X Burial 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	noval from State		er place) LINGT(ON NAT	IONAL CE	EM. ARL	INGTO	on.	VIRGI	NIA
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	~	11		AND ADDRESS OF FA	CILITY				
72.		77	11			ETT & SC				E
Merry	J. KJ	1	4			Y HEIGHT			E	
23. PART I. Enter the disease, or complications that beused the death. Do not enter the mode of dying, such as cardiec or reapiratory errest, Approximate										
ahock, or heart fellure.	List only one cer	use on each	line.	not enter the n	oda of dying, auc	h as cardiec or reap	Iratory erre	mt,		
ahock, or heart fellure. IMMEDIATE CAUSE (Final	List only one ce	use on eech	line.						Interval B	etween
ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	List only one ce	use on eech	line.						Interval B	etween
ahock, or heart fellure. IMMEDIATE CAUSE (Final	a. Res	use on eech	line.						Interval B	etween
ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Response for the second sec	kin a O (OR AS A CO	line.						Interval B	etween
shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate	a. Response for the second sec	kin a O (OR AS A CO	line.			h as cardlec or reap			Interval B	etween
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31. DATE FILED (Month, Day, Year) FEB 27 1991

Julia Davidson-Randall

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

5 PHYSICIAN: The law requires that the death certificate be executed within 2~ viours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shoul with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumati

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	RTMENT OF ICATE OF			YGIENI REG. NO.	E	21	03018
1	1. DECEDENT'S NAME (First, Middle, Las	11)	(CIER	NAK -	CERNAK)	2. DATE OF MONTH	DEATH DA	Y	YEAR 3.	TIME OF DEATN
	Frances	E	CIERZNI			Febru		25 19		3:10a M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF (Month, Did 10 - 29	BIRTH By, Ybar)	0,	6. BIRTNPL Country)	ACE (State or Foreign
	218-01-1743	1 DM 2 DF	96 YRS.		111111111111111111111111111111111111111		7-18			
œ	9a. FACILITY NAME (If not institution, give	es established	0.1	9b. CITY, TOWN	OR LOCATION OF D	EATH			NTY OF DEAT	
DIRECTOR	FRANKLIN SQUARE HOSPITAL Baltimore									County
<u></u>	104. STATE 10b. COU	NTY	10c. CF	TY, TOWN OR LOCA	ATION			-	10	Dd. INSIDE CITY
ā	MARYLAND		BAL	TIMORE					v	XYES 2 NO
A	10e. STREET AND NUMBER			3	of. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
	811 S. STREEPI	ER STREET		2	1224			U:	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 ND	If yes, a	CENDENT OF NISPA pecify Cuben, Mexico S 2 NO Speci	en, Puerto Rice		or No-	14. RACE — Black, V Specify: WHI	- American Indien, Vhilte, atc.
8	15. DECEDENT'S E (Specify only highest gn	DUCATION ade completed)	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KI	ND OF BUS	BINESS/IND		
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT u	rse retired.)	lost of working	İ				
COMPLETED	4 YEARS		HOMEMA	IKER						
	17. FATHER'S NAME (First, Middle, Last) MICHAEL DEMBE	CK			18. MOTNER'S NA	AME (First, Mide	fle, Meiden		SITAF	RSKT
BE	19a. INFORMANT'S NAME (Type/Print)		405 40 81 101	ADDRESS (Des	and Number or Rural	0	01			13111
6	MR. RICHARD C	IERZNIAK			N ROAD					
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO	SITION (Name of c	emetery, crematory or		20c. LO	CATION —	City or Town	, State
	1 XBuriel 2 Cremation 3 R 4 Donetion 6 Other (Specify)	emoval from State	ST. STAN						ORE,	MD.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			OROWSKI FLEET					. 21224
\dashv	23. PART I. Enter the diseases, p	or complications that c	sused the death. Do							Approximata
	shock, or heart fellui	e. List only one couse	on each line.				300			Interval Batwean Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Urosepsi	is							
	resulting in death)		R AS A CONSEQUENCE (OF):						
z	O and add the line are distance	ь								
1	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQUENCE (OF):						
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (O	R AS A CONSEQUENCE (ME).						
CERTIFICATION	that initiated events resulting in death) LAST		THE RESIDENCE OF	~ <i>I</i> -						
		_ d								
CAL	PART II. Other significant condit		_	in the underlyi	ng cause given ir	Part I. 24	In. WAS AN			ZERE AUTOPSY FINDINGS
음	Congestive_					1	YES 2	□ NO		OMPLETION OF CAUSE OF DEATH?
M	Organic Bra	in Syndron	ie						1	YES 2 NO
ä										
BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C					
¥	1 YES 2 NO	28e. DATE OF IN	ER/Outpetlent 3 DOA		HT 5 Residence	6 Other (S		NJURY OC	CUBED	
=	1 Natural 6 Pending	(Month, Day,		IJURY Y	YORK?	200. 52301	IIDE NOW I		CONED	
	2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE OF	NJURY — At home, farm,						r or Rural Ros	rte Number,
COMPLETED	4 Homicide determined		c. (Specify)			City or	Town, State)			
2	29a. CERTIFIER 1 CERTIFYINO PM	YSICIAN: To the best of m	y knowledge, death occur	red at the time, da	te and place, end du	a to the cause	(a) and ma	nner sa sta	nted.	
No	ana)	HNER: On the basis of exa	mination and/or investigat	ion, in my opinion	death occured at th	e Ilme, date an	d place, ar	nd dua to I	he cause(s)	and manner as stated,
BE C	29b. SIGNATURE AND TITLE OF CERTI	FIER A A	-	10	29c. LICENSE NO	MBER		29d. DAT	E SIGNED (A	Aonth, Cay, Year)
10 B	++41	MINE	1) 1	10	N/A			1	2/2	5 191
F	30. NAME AND ADDRESS OF PERSON Carolyn Hami									
	31. DATE FILED (Month, Day, Year)	32 REGISTRAD	9000 Fran		uare Dri	ve., B	alt.	Md 2	21237	
33		91 Julia D	widow-Ande	82.						
100		U								DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	n. Page 6 may be retained by the hospital or attending physician. and director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be notified at once.
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FOR	TATE OF MADVIA	ND / DEDARTH	IFNT OF HEALTH AND	N MENTAL MYOUTHE	91	05019				
1 - STATE REGISTRAR	DIALE UF MARTLA		IENT OF HEALTH ANI ATE OF DEATH	MENIAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last) ROBERT CA	ROBERT	. CALLAHAN	I	2. DATE OF DEATH MONTH DAY 2 22	YEAR	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (II	7	UNDER 1 YEAR IF UNDER 24 HR	(6.4. at D. 14. a)	a. BIRTHP					
9e. FACILITY NAME (If not institution, give street	end number) F BACTIMO	1	BATIMOR	DEATH 9c.	COUNTY OF DE	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME				
RESIDENCE OF DECEDENT	Baltimore		DWN OR LOCATION		10	10d. INSIDE CITY LIMITS?				
100. STREET AND NUMBER 109 KENIWORTH 11. MARITAL STATUS 11. Never Married 1 Never Married 12. Merried 12. Merried 13. Never Married 14. Never Married 15. Never Married 16. STREET AND NUMBER 16. STRE	PARK DR	, Apt.	101. ZIP CODE	owson 10g	CITIZEN OF WI	TES 2 NO				
11. MARITAL STATUS 1										
15. DECEDENT'S EDUCATION (Specify only highest grade come Elementery/Secondary (0-12) 1.2 C. T. FATHER'S NAME (First, Middle, Last)	ON	ille. Do NOT use re	done during most of working tired.)	16b. KIND OF BUSINES	S/INDUSTRY					
17. FATHER'S NAME (First, Middle, Last)	4	Color		U.S.Army	_					
			16. MOTHER'S	NAME (First, Middle, Maiden Suma Fliza)	me) beth Ma	dden				
19a. INFORMANT'S NAME (Type/Print) Eileen E. Callahan				rel Route Number, City or Town, State		daen				
arreen a. odrianan			CENTUMBETH	PARIL DR.		0 2120				
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State of C	emetary crematory or o	National Cem.	2/26/91 Arli	ngton,					
21. SIGNATURE OF FUNERAL SERVICE LICENS	I famille			Funeral Home, d., Towson, Md		4				
23. PART I. Enter the diseases, pr com shock, pr heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) s	plications that caused bnly one cause on ea CARD (AC DUE TO (OR AS A	ich line.		such aa cerdiec or reapiretor	y srrest,	Approximate Interval Between Onset and Deat				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	CORONA	CONSEQUENCE OF):	NARCTHAN DIS	FMF						
PART II. Other significant conditions co		ut not resulting in t			10	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PLACE OF DEATH							
	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DESCRIBE HOW INJUR	Y OCCURED					
2 Deviates	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stre-	et, factory, office	281. LOCATION (Street end N City or Town, State)	iumber or Rural Re	oute Number,				
0001				due to the cause(e) and manner of the time, date and place, and due		end manner ee stated,				
296. SIGNATURE AND TITLE OF CERTIFIED	1	Z	29c. LICENSE		L DATE SIGNED	(Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON WHO CO		_ , , , , , ,		BAITIMOR	E					

32. REDISTRAP'S SIGNATURE
Julia Davidson-Randelle



8. BIRTHPLACE (State or Foreign

Maryland

Baltimore

9c. COUNTY OF DEATH

3. TIME OF OEATH

0814 A.

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 08 26 55

02

IF UNDER 24 HRS.

HOURS

96. CITY, TOWN OR LOCATION OF DEATH

Baltimore

26

4 SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

5. SEX

1 M 2 F

IF UNDER 1 YEAR

DAYS

executed within attending physician has been signed by the atter Dept. of Health and Mental THE HOSPITAL OR ATTENDING PHYSICIAN: The law certificate h this c After the

permit. Pages 1, 2, 3 should DIRECTOR 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY 1X YES 2 NO Baltimore Maryland FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? by the funeral director, page 5 should be detached for use as the burial-transit removal. 21218 U.S.A. 1616 East 31st Street 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. It yes, specify Cuban, Mexican, Puerlo Rican, etc.) 1 Never Merried 2 Married 1 TYES 2 X NO Specify: Black BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) Housing Inspector City of Baltimore 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Louise Coleman John Thomas Blackstone notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Fast 31st Street, Baltimore, MD 21218 ouise Coleman be 20a. METHOD OF DISPOSITION

1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must 4 Donetion 5 Other (Specify) Cathedral Cemetery 21. SIGNATURE OF FUNERAL SERVICE MENSEE Baltimore, MD examiner Marshall W Jones, JR Funeral Home BA Dlore 4101 Edmondson Ave, Balto. MD medicai 23. PART I. Enter the diseases, or complications that clused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate filled in by Interval Batwee 0 Onset and Death IMMEDIATE CAUSE (Final nding physician and completely fille Hygiene prior to burial, cremation, the disease or condition reaulting in death) traumatic event. ioning Aprtic Valve CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury ndec other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 50 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE shows any 1 TYES 2 TNO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL ltem ! 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined .00 ED THE FUNERAL DIRECTOR: 4 Homicide IMPORTANT: It item 28 E 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. COMPL estigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end manner es stated. 295. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BS194 29d. DATE SIGNIPD (Month, Day, Year) 91 H. Bloem 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) DHMH-16 Rev 1/89 A STATE OF THE PARTY OF THE PAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

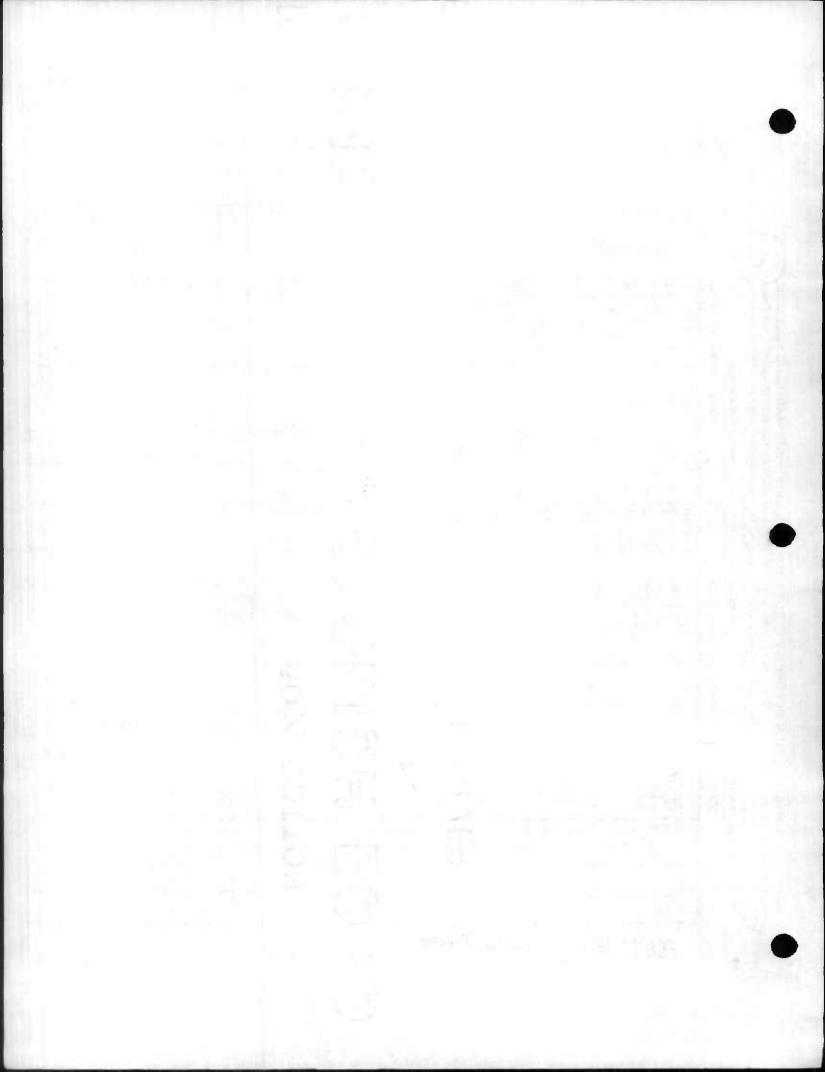
, 2, 3 should
Book
TO THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attenting physician and completely filled in by the funeral director, page 5 should be detached for use at the minimum of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
H,

BALTIMORE, MARYLAND 21215-0020

	FOR 1 - STATE REGISTRAR	STATE OF I			TMENT OF			MENTAL HYGIEN	_	91	0502	1	
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEAT	Н	
1 3	TAMES	JAMPS OF	HETONECAL	RTER				Feb. 25.	199	YEAR		м	
1 8	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last t	birthday)	IF UNDER 1 YE	_	R 24 HRS.	7. DATE OF BIRTH		6. BIRTH	IPLACE (State or Fo	reign	
	232-01-8372	1 M 2 □ F	85	YRS.	MONTHS DAY	'S HOURS	MIN.	Mar. 15.	190	Count	TTA		
	Se. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOV	N OR LOCAT	ION OF D			UNTY OF D			
l a	Liberty Medical	Center		Raltimore									
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			10c CIT	Y. TOWN OR LO						10d. INSIDE CITY		
E	Maryland				timore						LIMITS?		
	10a. STREET AND NUMBER	TIZEN OF	WHAT COUNTRY?	NO									
FUNERAL	102 N Paca Stre												
N N	11. MARITAL STATUS		IT EVER IN U.S. ARM		13. WAS	2120 DECENDENT		NIC ORIGIN? (Specify Ye		S.A. 14. BACI	E — American India	en,	
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	YES 2 NO		If yes		an, Mexico	en, Puerto Rican, etc.)		Black Black	k, White, etc. CK		
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Thichocup													
BE		er, Sr.					11.1						
0	19a. INFORMANT'S NAME (Type/Print) Tammie Palmer							Route Number, City or Tox					
							τ.,	Baltimore,					
2	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A	rematan	or other place; Orest	Vota	Com	0.45		- City or To			
5	21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE	L Joan 1 1 St	OH I	22. NAM	E AND ADDR	ESS OF F	ACILITY	4	n, M			
	Marshall W. Jones, Jr Funeral Home 21229												
5	4101 Edmondson Ave., Balto, MD												
	23. PART I. Enter the diseasee, or complications that could the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.												
	iMMEDIATE CAUSE (Final disease or condition	1_	22 +					•			Onset and	J Desth	
	resulting in death)	a. PJS	DI CONSECU	CO-	(V)	rou	m	gnia	1		9/2	5/9/	
		2</td <td>5 D.</td> <td>2</td> <td></td> <td>08</td> <td>.d</td> <td>and do</td> <td>lan'Y</td> <td>-la</td> <td>11 9/</td> <td>ala</td>	5 D.	2		08	.d	and do	lan'Y	-la	11 9/	ala	
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO	OR AS A CONSECU	UENCE O	P: ,		05 T/G	1 5 G C C	2 00	Myria	112/1	99	
SAT IN	cause. Enter UNDERLYING	SIP	EGT	2.4	Hea	to 1 0	10	11 South	- 4	Car.	1 9/1	>/01	
F	CAUSE (Diseese or injury that initiated events	DUE TO	OR AS A CONSECU	UENCE O	F): / //	2 0	201	Cash	1	- Turk	20	431	
FRI	reaulting in deeth) LAST	d			0, +	200		00001701	-17-	1			
C	PART II. Other algnificent condition	ns contributing to	death but not re	sulting	in the under	ivina cause	given ir	Part I. 24s, WAS A	N AUTOPS)	Y 24	b. WERE AUTOPSY F	INDINGS	
MEDICAL	Deruktu	1.00	0.45	A	n 010	10	PI	PERFO	RMED?	-	AMILABLE PRIOR COMPLETION DF	TO	
ED	Carrie di	ord ord	CIDE	1.0	AIC	1		1 TES	2 NO NO		OF DEATH?	Šio.	
	De la Van	Milal	>//	4	THI	050	0.00				TES 210	NO	
N N	25. WAS CASE REFERRED TO MEDICAL	- Carry	about the	١ ســــــــــــــــــــــــــــــــــــ	-	B PLACE OF	DEATH (C	theck only one)		_			
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 [□ DOA	OTHER:	0		8 Other (Specify)			4		
H Y	27. MANNER OF DEATH	28e. DATE O	F INJURY	28b. TIN	4E OF 280	INJURY AT		28d. DESCRIBE HOW	INJURY O	CCURED			
ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	114.	JURY M 1	WORK?	□ NO						
	2 Accident Investigation 3 Suicide 8 Could not be		OF INJURY — At horn	ne, farm,	street, factory,	office		28f. LOCATION (Street City or Town, State		er or Rural	Route Number,		
TE	4 Homicide determined	wantang	(City or rown, Stan					
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	of my knowledge, dea	th occur	red at the time,	date and place	ce, end du	e to the cause(e) end m	anner ee si	tated.			
O.W.	one)	ER: On the basis of	examination end/or in	westigation	on, in my opini	on, death occ	ured at th	e tima, date end place, e	end due to	the ceuse	(e) end menner as s	stated.	
SE COI	29b. SIGNATURE AND TITLE OF CERTIFIE	(PI	0/		TITLE	29c. LI	CENSE NU	JMBER	29d. D/	ATE SIGNE	D (Month, Day, Year)		
≨ m	dt.	ner	see!			D	3:	3 5 33	▶ ,	2/2	-5/91		
= 은	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAL	ISE OF DEATH (ITEM	27) (700)	Print)				-		10	-	

31. DATE FILED (Month, Day, Year)
FFB 2.6. 1991

b =



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

91 05022

	REGISTRAR		C		CALL	- OF	DEAL		HEG. NO			
	1. DECEDENT'S NAME (First, Middle, Leet)	C								AY ,	YEAR 3.	TIME OF DEATH
	MARIE A. DERWINI								2 2	4	9/ /0	10 anm
	214-20-9724	5. SEX	6. AGE (In yrs. Ia	YRS.	IF UNDER	DAYS	HOURE	24 HRS. MIN.	7. DATE OF BIRTH (Month, Dav.1Year)	006	Country)	NCE (State or Foreign ,
	9e. FACILITY NAME (If not institution, give st		04	1	9b. CITY	. TOWN C	OR LOCATIO	ON OF DE	APRIL 2.1		MARY NTY OF DEAT	
RO	God Someri		toop 1	al		sal	2 hin	re		, -		
[[RESIDENCE OF DECEDENT 10e, STATE 10e, COUNTY	,	-/	10c. CIT	Y, TOWN O	OR LOCAT	TION				10	d. INSIDE CITY
DIR		ARFORD					PPA					LIMITS? ☐ YES XX NO
ERAL	100. STREET AND NUMBER 1518 PHILADELPHI	A ROAD				101	i. zip codi 2	1085			U.S.	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 2 Wildowed 4 Divorced	12. WAS DECEDED FORCES? 1 IF YES, GIVE V			if yes, sp		n, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No—			
	15. DECEDENT'S EDUC	CATION	16a. D	ECEDENT'S	USUAL O	CCUPATIO	DN		16b. KIND OF BU	SINESS/INC	DUSTRY	
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12)	completed) College (1-4 or 5	- 166	Give kind of t e. Do NOT u	work done se retired.)	during mo	st of working	79				
릴	NA	NA		SUPER	VISO	R			, U.S	. GOV	ERNME	1T
Š	17. FATHER'S NAME (First, Middle, Last)	OH A III							ME (First, Middle, Melder	Sumeme)		
BE C	ANTHONY J. MARS	CHAT					ANN	A C.	PRUCHA			
10	190. INFORMANT'S NAME (Type/Print) MARY C. ANNUNZIAT	O (DAUGH							, MARYLAN			
	20e. METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremetion 3 🗆 Rem- 4 🗆 Donetion 6 🗆 Other (Specify)	oval from State	other s	OF DISPO			**		ARDENS BA		City or Town,	State (D)
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	NO ADDRE	SS OF FA	CILITY			
	Short.	bell	ine.		3:	331	BREH	MS L	ERAL HOME:	LMORE	, MD.	21213
	23. PART I enter the diseasea, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	List only one ca	use on each lin	1				ing, auci	h aa cerdlec or reap	elratory ar	rest,	Approximate interval Between Onset and Death
ŀ	reaulting in death)	a.	5 60 S	TOUENOE O	eu c	er			141			
_		DOE IC	Breas O (OR AS A CONSI	cdc	0.0	40.00	of					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO	O (OR AS A CONSE	EOUENCE O	F):		-0 (/			
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	C		EOUENCE O	nor	-26-	7 01		st			
Ē	that initiated eventa	DUE TO	OR AS A CONSI			,	1					
ᇤ	resulting in deeth) LAST	d										
0	PART II. Other algolificant condition	a contributing to	death but not	reaulting	In the u	nderivin	o cause o	given in	Part I. 24s. WAS A	N AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
MEDICAL						,			PERFO	RMEO?	AV	MILABLE PRIOR TO OMPLETION OF CAUSE
									1 YES	2 NO		F DEATH?
-									_		1 1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF O	EATH /Ch	eck only one)			
200	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:			6 Other (Specify)			
Ĭ	27. MANNER OF DEATH	260. DATE O	F INJURY	26b. TIN	AE OF	28c. IN.	JURY AT	eelGenice	28d. DESCRIBE HOW	INJURY OC	CURED	
	1 Natural 5 Pending	(Month,	Day, Year)	IN.	JURY M		ORK? YES 2 [] NO				
26e. PLACE OF INJURY — At home farm street factory office. 28I LOCATION (Street and Number or Bural Boute Number											te Number,	
H	4 Homicide determined	bunaring	, etc. (Specify)						City or Town, State)		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	of my knowledge, o	death occur	red at the	time, date	end place	end due	to the cause(s) and m	nner ee sta	nted.	
ME	(Check only one) 2 MEDICAL EXAMINE											nd manner ee stated.
	29b. SIGNATURE AND TITLE OF CENTIFIE	B . 1					29c. LIC	ENSE NUI	MBFR	29d DA	TE SIGNED (M	Ionth, Day, Year)
B	Almad	Luch	1	HD						>	2124	191
2	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETEO CAI	USE OF DEATH (IT	EM 27) (Type	e, Print) A		1					1 11
		ms-Je		den	72							
	31. DATE FILED (Month, Day, Year) FFB 2.7 1991	fria David	ANT'S SIGNATURE									

10

TO THE HISPITATION THE POLICIES IN PORTANT.

THE PHYSICIAN: The law requires that the death certificate be executed within 25-20rs after death. Page 6 may be retained by the hospital or attending physician.

THE ARM THE CERTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the state Dept. Of Health and Mental Hygiene prior to burial, cremation, or removal.

them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

MISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

0 1

STATE	0F	MARYLAND /	DEF	PARTMENT	OF	HEALT
		CI	ERT	IFICATE	O	F DEA

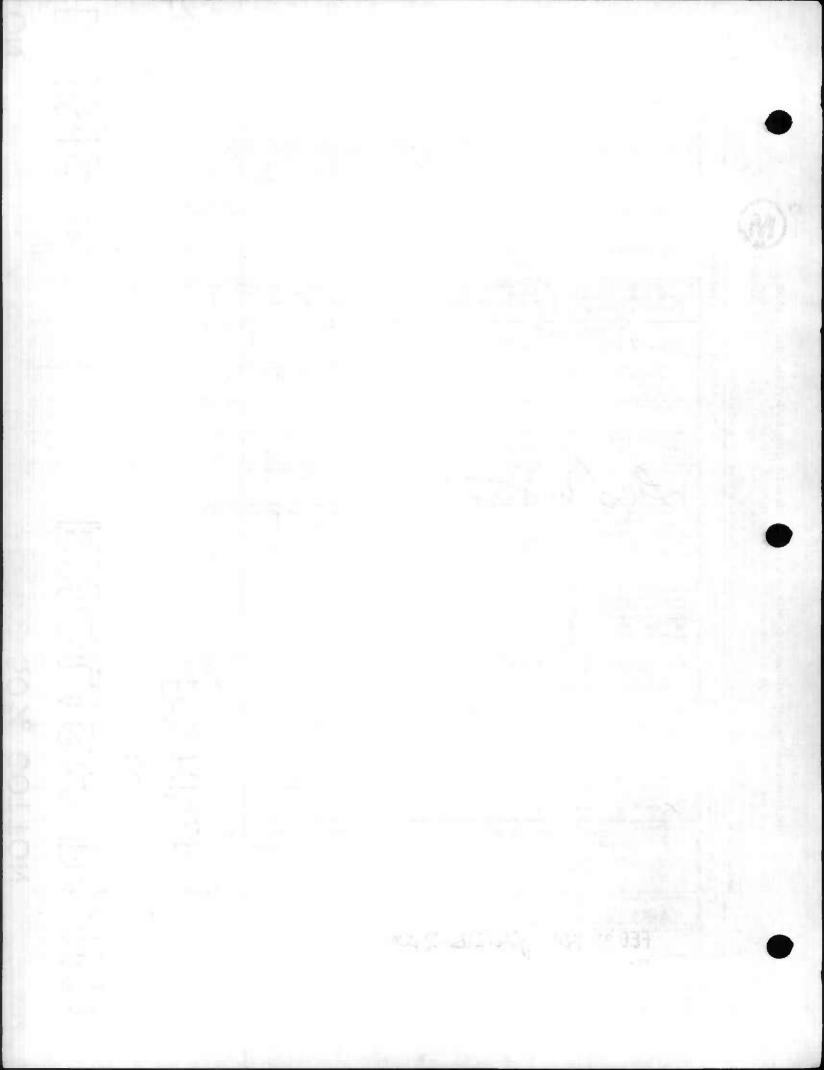
GIENE	21	U	5	U	2
ON F					-

- STATE REGISTRAR	SIAIE UF MAI		ICATE OF	DEATH	MENIAL	REG. NO.		O	002	. 0	
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3.	TIME OF DE	ATH	
RUDOLPH	ALLEN	1	DATCHER		WONTH 02	2.4 PAY	199	EAR	10:21	Ρ.	
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH		BIRTHPL	ACE (State or	Foreign	
218-62-7590	1 ₹ M 2 □ F	36 YRS.	MONTHS DAYS	HOURS MIN.	10	Day, Year)	4 1	Country) IARYL	AND		
9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN OR LOCATION OF DEATH 9c. C								
800 Block of Wi	LMOT COURT		BALTIMORE CITY								
RESIDENCE OF DECEDENT										-	
10e. STATE 10b. COUNT	TY .		ry, town or loc	ATION				10	d. INSIDE CI LIMITS?	ΓY	
IARYLAND		BA	LTIMORE						YES 2		
10e. STREET AND NUMBER			1	of. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY	,	
4533 MANERVIEW	1			21229			US				
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EN FORCES? 1 IT YES, GIVE WAR	YES 2 NO								dlan,	
15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUPAT	TION	16b.	KIND OF BUSI	NESS/INDU	STRY			
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during rise retired.)	nost of working							
12		PAINT	SHOP								
7. FATHER'S NAME (First, Middle, Last)				10. MOTHER'S NA	AME (First, A	fiddle, Maiden So	umame)				
ALLEN DATCH	ER			OLIV	A DA	TCHER					
Pa. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street	and Number or Rural			State, Zip C	ode)			
DORIS DRAKER		4533	MANERVI	EW ROAD,	BALT	IMORE.	MARYI	AND	21229		
0a, METHOD OF DISPOSITION Burlel 2 Cremation 3 Rer		20b. PLACE AND DAT	E OF DISPOSITIO	N (Nama	DATI		ATION - CI				
Donation 5 Other Specify	noval from State	of cemetary, cremator WESTERN	y or other place) STAR CEM	IETERY	3/1/9	CATO	NSVII	J.E.	MARYL	AND	
II. SIGNATURP GEFUNERAL SURVICE L	ICENSEE ()		22. NAME	AND ADDRESS OF F	ACILITY				UARCUL		
* the -1/11	1 61%	1	ESTER	BROTHER EUTAW PL	S FUN	ERAL S	ER.P.	Α.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	bDUE TO (OR	AS A CONSEQUENCE OF AS A C	DF):	Wold					Onset a		
that initiated events resulting in death) LAST	d			ing cause given in	Part i.	24a, WAS AN A	LITOPSY	24b. W	ERE AUTOPSY	FINDING	
			•			PERFORM 1 YES 2 [Co	MILABLE PRICOMPLETION OF DEATH?	F CAUSE	
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only on	ne)					
EXAMINER? TES 2 INO	HOSPITAL:	/Outpatient 3 DOA	OTHER:	ome 5 🗆 Residenca	XBX Othe	r Salak ar e T	AOO E	IT I MA	T COII	RT	
7. MANNER OF DEATH	28a. DATE OF INJ	URY 28b. TII	ME OF 28c. II	NJURY AT		CRIBE HOW IN				1/1	
1 Natural 5 Pending	Month, Day,	791 9:0		YORK? YES 2 NO	Still	BIECH	57	ARBI	SP		
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN	JURY — At home, farm,	street, factory, of	fice	281. LOC	ATION (Street an	- 1			ı om	
4 Homicide determined	building, atc	(SDecity)			City	or Town, State) &	CITY	MAF	RYLAND	CT	
(Original Day)	SICIAN: To the best of my				a to the cau	use(a) and mann			nd manner a	s stated.	
696. SIGNATURE AND TITLE OF CERTIF	Hall	DIM	1	29c. LICENSE NU	_		29d. DATE ▶ 02	SIONED (M	fonth, Day, Ye.	91	
MARIO F. 60	HO COMPLETED CAUSE			PENN STRE	ET	BALTIM	ORE,	MARY	LAND	199	

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

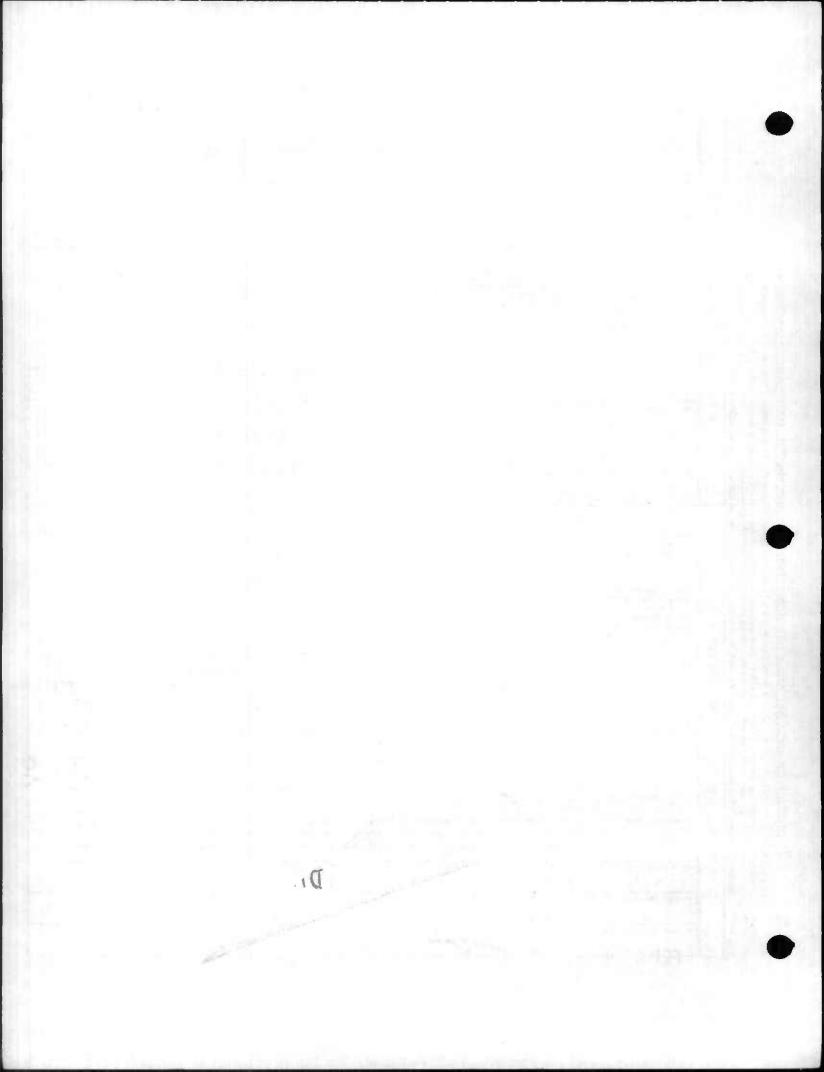
1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAH		OL	HILLO	IL OI	DEATH	H	EG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)	Moore	- ((D	raper)			2. DATE OF I	2 DAY 24	YEAR 9	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 0 99160 364	5. SEX 8.	AGE (In yrs. lest t		NDER 1 YEAR	IF UNDER 24 HRS	(Month, Da		8. BIRTH Countr	IPLACE (State or Foreign y)			
9a. FACILITY NAME (If not institution, give Harbor Medi			9b. 0	Ва	OUNTY OF DEATH							
RESIDENCE OF DECEDENT												
10a. STATE 10b. COUNT	alt. City		10c. CITY, TOV	vn on Loca Balti				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
10e. STREET AND NUMBER				10	H. ZIP CODE		10g. C	ITIZEN OF V	VHAT COUNTRY?			
412 Swale	Pd				2122	5		45	4			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO		If yes, s	CENDENT OF HIS pecify Cuben, Mei S 2 1-NO Spo	icen, Puerto Rice	pecify Yes or No— n, atc.)	Black	E—American Indian, k, White, atc. Hy: Black			
15. DECEDENT'S ED (Specify only highest grad		16a. DECI	EDENT'S USUA kind of work d	L OCCUPATI	ION ost of working	16b. KIN	D OF BUSINESS/II					
Elementary/Secondary (0-12)	College (1-4 or 6+)	illo. C	NOT use retin	ed.)	out or working							
17. FATHER'S NAME (First, Middle, Last)	?					, ,	le, Maiden Surname, ONNOT)				
19a. INFORMANT'S NAME (Type/Print) Mrs Mary Beal		19b.			and Number or Ru Rd. Bal		City or Town, State, 2 21230	Zip Code)				
20s METHOD OF DISPOSITION 1 DF Burist 2 Cremetton 3 Rec	noval from State	20b. PLACE Of other place	F DISPOSITION	(Name of co	emetery, crematory	or	20c. LOCATION					
4 Donation e Other (Specify)		Mi	. Aubi	urn C	emetery		Westp	ort,	Md.			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A.												
cal	1 000	en		d. 2								
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Regle DUE TO (O b. Orler Dye TO (O	F AS A CONSEQUENCE SCIENCE SCI	elea JENCE OF):	l y	hem	spher Des	- Anfi	und	Onset and Death			
Sequentielly list conditions, if any, leeding to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	c. DUE TO 10	R AS A CONSECU		_								
PART II. Other algorificant condition	na contributing to de	eath but not re	sulting in th	underlyid	ng cause given	1	e. WAS AN AUTOPS PERFORMED?	24t	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
			_ -									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO	HOSPITAL:	R/Outpatient 3 [DOA 4	HER:	me 5 Residen	(Check only one) ce 6 □ Other (S	pecify)					
27. MANNEB OF DEATH 1 Natural © Pending Investigation	26s. DATE OF IN (Month, Day,		28b. TIME OF INJURY	W	IJURY AT YES 2 NO	28d. DEŞCR	BE HOW INJURY (OCCURED				
2 Accident Investigation 3 Suicide e Could not be 4 Homicide determined	26s. PLACE OF I	NJURY — At hom c. (Specify)	ne, ferm, street	, factory, off	ice		ON (Street and Num. lown, State)	ber or Rural	Route Number,			
CONSULT OFFIN	SICIAN: To the best of m								s) and manner se stated.			
29b. SIGNATURE AND TITLE OF CERTIFIC	Kenen	en			29c. LICENSE	NUMBER	29d. D	Tel-	25-199			
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, Print	3/5	reth &	Honne	n Street	lem	ne mol 2/2			
31. DATE FILED (Month, Day, Year) FEB 27 1991	32. REGISTRAR	S SIGNATURE	lass.									
7100 0 1000	9,000			i i					DHMH-16 Rev 1/6			

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DIVISION OF VITAL	
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	FOR STATE REGISTRAR	STATE OF MA			TMENT ICATE				MENTAL	HYGIENE REG. NO.		91	05025		
	1. DECEDENT'S NAME (First, Middle, Last) Edward Davis								2. DATE O MONTH 2	DE DEATH DAY		YEAR 91	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 218-03-5290 Se. FACILITY NAME (If not institution, give s	1 🙀 M 2 🗆 F	AGE (In yrs. lest	birthday) YRS.	MONTHS 9b. CITY,	DAYS	HOURS	MIN.	7-	DE BIRTH Day, Ybar) -26-06	9c. COU	Count	souri		
5	Meridian Nursing	Home, Cat	onsvil	le		Catonsville						Baltimore			
DIRECTOR	10e. STATE 10b. COUNTY Maryland			10c. CIT		wn on Location						10d. INSIDE CITY LIMITS? 1) YES 2 NO			
HAL	10e. STREET AND NUMBER						ZIP CODE						WHAT COUNTRY?		
BY FUNERAL	1121 Scott Stree: 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X HO II yes, specify Cuben, Maxicen, P. II YES, QIVE MAN OR DATES										S.A. 14. RACI Blac Spec	E — American Indian, k, White, etc.		
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 7 In Sec. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Machinist Koppers														
	17. FATHER'S NAME (First, Middle, Last) William Davis									liddle, Melden : Lggins	Surname)				
H H	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a				er, City or Town	, Statu, Zij	o Code)			
2	William L. Davis		3	32 M	aple	Ave	nue	Ca	tons	ville,	MD	2122	8		
	20a, METHOD OF DISPOSITION 1 \(\overline{\text{M}}\) Burlel 2 \(\overline{\text{Cremetion}}\) Cher (Specify) \(\overline{\text{Longline}}\)	oval from State	of cemetary, Glen H	crematory	or other pi	lace)		ark		20c, LOC			1.00		
	Glen Haven Memorial Park 2-27 Glen Burnie, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M. Theat Coleral 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, MD 21229														
HILICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OI	R AS A CONSEO LANGE R AS A CONSEO LIVER S CA R AS A CONSEO	DUENCE O	Cercl hi C	one	Von	lor	Au	cide. Dise	1 ese	4	Onset and Death		
20	PART ii. Other significant condition	ne contributing to de	eth but not re	euiting	in the un	derlying	I ceuse	given in	Part i.	24a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	Semle Der	utig.								PERFOR			AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
Z	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (C/	heck only on	e)					
<u>ה</u>	1 Q YES 2 Q NO 27. MANNER OF DEATH	1 - Inpatient 2 - E			4 🗆 Nun	alng Hom		esidence	8 🗆 Othe						
1 1	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	Year)		JURY	1 🗆 '	RK? res 2 [□ NO	28d. DES	CRIBE HOW II	NJUHY OC	CUHED			
3	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	INJURY — At hor c. (Specify)	me, farm,	atreet, fact	ory, offic	•		28f. LOC City	ATION (Street a or Town, State)	ind Numbe	er or Rural	Route Number,		
COMPLET	cont only	ICIAN: To the best of m											(s) and manner as stated.		
O BE C	29b. SIGNATURE AND THE SECRETARIA	19		A.			D I	75	MBER 37		29d. DA	TE SIGNE	D (Month, Day, Year)		
	Darshan Saluja, 1	4.D. 1	600 W.			1 A	ve.	Ва	<u>ltimo</u>	ore, M	D 21	201			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	SSIGNATURE												
	PED AT 100 ()					_							DHMH-18 Rev t/89		



YEAR

91

3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign Country)

Maryland

7:00 p M

prid

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

222-34-8797

Sr. Benedict de St. Rose, 1.s.p.

5. SEX

1 M 2 7 F

YAS.

6. AGE (In yrs. lest birthday)

97

24

2. DATE OF DEATH MONTH DAY

Month, Day, Year) 1-28-1894

7. DATE OF BIRTN (Month, Day, Year)

2

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

MONTHS

	should		9e. FACILITY NAME (If not inst	titution, give street	end number)		9b. CIT	TY, TOWN OR	LOCATION OF DEAT	Н		e. COUNTY (OF DEATH	
	2, 3 st	DIRECTOR	St. Martin'					Caton	sville			Balt	imor	е
	Pages 1,	딥	RESIDENCE OF DECE	10b. COUNTY		10c. C	ITY, TOWN	OR LOCATIO	N				10d.	INSIDE CITY
-	Pag	E	Maryland	Balt	imore		Cato	nsvill	.e					LIMITS? YES 2 X NO
15	E	- 1	10e. STREET AND NUMBER					101, Z	IP CODE		10g. CITIZEN OF			COUNTRY?
{⊕\	# I	FUNERAL	601 Maiden	Choice	Lane				21228		U.S.			
V	5	3	11. MARITAL STATUS	12	. WAS DECEDENT EVER I		13		IDENT OF HISPANIC			r No- 14. 1	RACE - A	mericen Indien,
46 €	Dig.	BY F	1 Never Married 2 N		FORCES? 1 TYES				fy Cuben, Mexican, IX NO Specify:	Puerto Hican,	etc.)		Specify:	
03-31	as the		- Committee - Co							I say tomos				hite
21203-3146 tal or attending phys	nse	田	(Specify only	DENT'S EDUCATI highest grade con	npleted)	16a. DECEDENT (Give kind of life. Do NO?	of work don	e during most	of working	166. KIND	OF BUSIN	IESS/INDUSTI	4Y	
	d for	COMPLET	Elementary/Secondary (0-1	nown	College (1-4 or 5+)		ligi			Litt	-1 ₀ 9	Sietar	s of	the Poor
AND 2:	detached once.	N N		ER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (5 01	the root
LA by the		E C	John Vesely						Marie M			, , , , , , , , , , , , , , , , , , , ,		
MARY retained t		m	19a. INFORMANT'S NAME (Typ			19b. MAILI	NG ADDRE	SS (Street and	Number or Rural Rou		y or Town,	State, Zip Cod	9)	
MARYLAND e retained by the hosp	رم ا	2	Sr. Regina			601	Maid	en Cho	ice Lane	Ba	ltimo	ore, M	D 21	228
- 0	page		20a. METNOD OF DISPOSITIO			b. PLACE OF DISF						TION — City		
ORE,	director, p	1	1 XBuriel 2 Cremation 4 Donation 5 Donation		I from State	New Cat	hedr,	al Cen	netery		Balt	imore	, MD	
BALTIMORE, er death. Page 6 may 1			21. SIGNATURE OF FUNERAL	SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc.										
BALT after death.	tuneral dir I. examiner		Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, N										MD	21220
after D			23, PART I Enter the dis	seases of con	plications that cause	d the desth. D								Approximata
thin 24 hours	filled fron, or the m	4	IMMEDIATE CAUSE (Final disease or condition resulting in death)		A cute		10	erde	al I	nfa	re	tw	'n	interval Between Onset and Desth
BOX 13146,	cian and com for to burial, raumatic en	CERTIFICATION	Sequentially list condition if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injuritat initiated events	liate NG	DUE TO (OR AS	A CONSEQUENCE A CONSEQUENCE	OF):	sitie	e Hea	art	de,	seas	le	
, P.O. BC	the attending ph Mental Hygiene njury, or other	CERTI	resulting in desth) LAST	d										
RDS that the	ed by the th and M any inju	MEDICAL	PART II. Other significan	conditions of	contributing to death i	but not resultir	g in the	underlying	cause given in P		WAS AN A	ED?	AVAI	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
RECO requires	been signed or, of Health a				-					-			1 🗆	YES 2 NO
2	Dec Dec	AN	25. WAS CASE REFERRED TO	MEDICAL				26. PLA	CE OF DEATN (Chec	k only one)				
		Sic	EXAMINER?		IOSPITAL:	patient 3 DO/	OTH		5 🗌 Residence 6	Other (Spe	cllv)			
F VI	is certification with the	PHYSICIAN:	27. MANNER OF DEATH		26e. DATE OF INJURY	26b.	TIME OF	28c. INJUI	RY AT	28d. DESCRIB		JURY OCCUR	EO	
OF	r this	ву Р		Pending rivestigation	(Month, Day, Year)		M	1 U YE	S 2 NO					
DIVISION OR ATTENDING	DIRECTOR: After this c hours after death with item 28 is marked,		3 Suicide 6 0	Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, fan	m, street, f	lactory, office		281. LOCATION City or Tox		d Number or F	Rural Floute	Number,
DIV	FUNERAL DIREC within 72 hours ITANT: If Item	COMPLETED	(Crieck only	(Check only 1) CERTIFYING PRISCIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated.										
7	TO THE FUNERAL be filed within 72 IMPORTANT: If	O BE C	29b. SIGNATURE AND TITLE	of dentifier	ran	M			D 216L			29d. DATE SI	GNED (Mor	

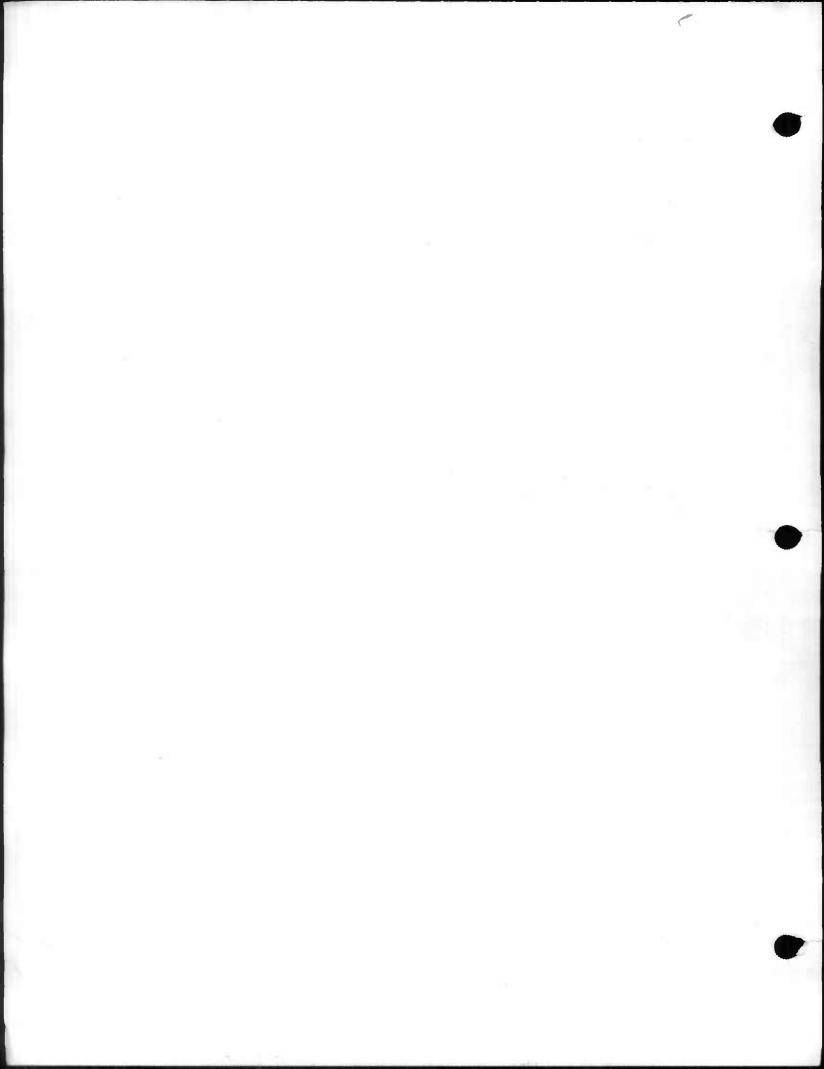
AME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

A M RAWNAM BASWAR W 3455

32. REGISTRAR'S SIGNATURE

2

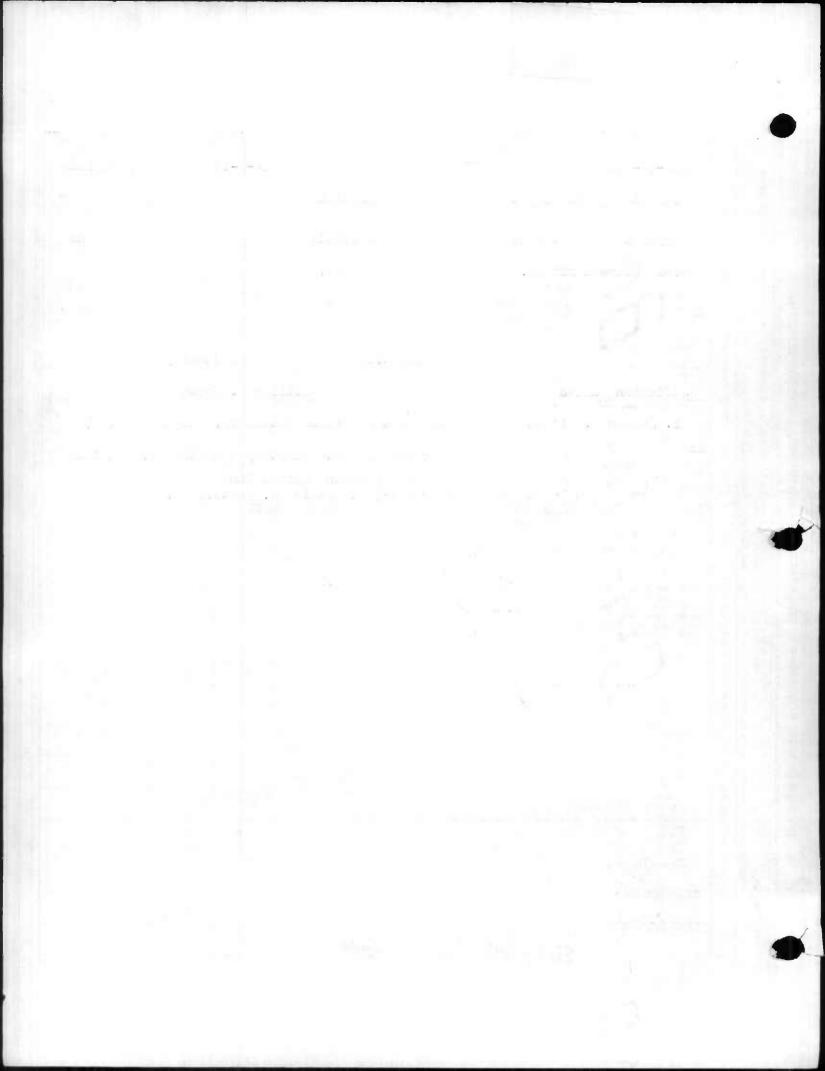
AM BANDAY 31. DAVE FILED (Month, Day, Year)
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	NG	fter
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours after death, Page 6 may be	O THE FUNEAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page e filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burlal, cremation, or removal.
	0	0 0

	1 - FOR STATE OF MARYLA	ND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91, 05027
	1. DECEDENT'S NAME (First, Middle, Last) Roberta DIEGEL		2. DATE OF DEATH DAY February 24,	3. TIME OF DEATH 1991 8:00 a
	216-54-1113 1 DM 2 X 81	yrs. last birthday)	7. DATE OF BIRTH (Month, Day, Year) 12-3-1909	6. BIRTHPLACE (State or Foreign Country) / Virginia
CTOR	9a. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital RESIDENCE OF DECEDENT	Pb. CITY, TOWN OR LOCATION OF ROSSVIlle		timore County
FUNERAL DIREC	Maryland Baltimore	10c. CITY, TOWN OR LOCATION ROSSVIlle		10d. INSIDE CITY LIMITS? 1 YES 2 NOWNO
ERA	100. STREET AND NUMBER 8606 Philadelphia Rd.	101. ZIP CODE 21237	10g. CITI	ZEN OF WHAT COUNTRY? USA
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DAT	2 NO If yes, specify Cuben, Maxi		14. RACE — American Indian, Black, White, atc. Specify: White
once. COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/IND	USTRY
AP L		Housewife	Homemaking	
at once.	17. FATHER'S NAME (First, Middle, Last)		NAME (First, Middle, Maiden Surname)	
B B	Jefferson Curren 190. (NFORMANT'S NAME (Typo/Print)		lian F. Moran	
일	Mr. Joseph F. Diegel	19b. MAILING ACORESS (Street and Number of Run 17 Choptank Avenue E		
9		PLACE OF DISPOSITION (Name of cometery, crematory of		
TS I		certer place) Gerdens of Faith Cent		re. Maryland
examiner must be notified TO BE	21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE	22, NAME AND ADDRESS OF Lassahn Fune		NEL TO
or other traumatic event, the medical		ure consequence of: structive Pilar Diseas consequence of:	Ry	est, Approximate Interval Between Onset and Death
er other tra	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST d.	ON CONSEQUENCE OF):		
shows any injury, o : MEDICAL CEI	PART II. Other algorificent conditions contributing to death bu Atrial Fibrillation	it not resulting in the underlying cause given	In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO
or item 23 s YSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)	
SIC SIC	EXAMINER? V 1 YES 2 NO 1 Inpatient 2 ER/Outpa	OTHER:	En Exitation	
9 >	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Dey, Year) 28a. DATE OF INJURY (Month, Dey, Year)	26b. TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	CURED
28 is mar TED BY	A Decident	— At home, farm, street, factory, office	261. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
ANT: If item 28 COMPLETE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER; On the best of examination	edge, death occurred at the time, date and place, end of and/or investigation, in my opinion, death occured at t		
BE	29b. 9IGNATURE AND TITLE OF CENTRIEN ACCIONED	29c. LICENSE N	29d, 0A7	E SUMED (Modin, Day, Year)
₹ 2	30. NAME AND ADDITIONS OF PERSON WHO COMPLETED CAUSE OF DEA	Myla Raid	MB 218379	
	31. DATE FILED (MINO) 32. REGISTRAR'S SIGNA	TURE		

DHMH-16 Rev 1/89



interched for use as the burial-transit permit. Pages 1, 2, 3 should

I'm hospital or attending physician.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- incurs after death. Page 6 may be TO THE FUNERAL OHECOTOR: After this certificate has been signed by the attending physician and completely filled in by the furnal effects, and filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be a signed and the properties of the propertie

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARTINAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF			GIENE G. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH		3. TIME OF DEATH
		V. EDV	VARDS V	JR.		MONTH 2 -	2.0	YEAR - 9 1	7:15 PM M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BI	RTH	8. BIRT	NPLACE (State or Foreign
ŧ	214 20 8280	1- M 2 F 6	5 5 YAS.	MONTHS DAYS	HOURS MIN.	1/23/		Coun	Maryland
	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOW	OR LOCATION OF DE			DUNTY OF	
œ	5209 Harford			Ral.	timore			n 2	
DIRECTOR	RESIDENCE OF DECEDENT	Noud		Bai	CIMOTE			na	
Ä	10s. STATE 10b. COUNTY	Y	10c. Cl	TY, TOWN OR LO	ATION				10d. INSIDE CITY LIMITS?
ā	MD n	a		Balt	imore				1 X YES 2 NO
AL	10e. STREET AND NUMBER				IOF. ZIP CODE		10g. C	STIZEN OF	WHAT COUNTRY?
FUNERAL	5209 Harford	Road			21214			USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		ECENDENT OF HISPAT specify Cuben, Mexico			- 14. RAG	CE — American Indian, ck, White, atc.
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			ES 2 NO Specif			Spe	oetty:
			NO				NO		White
ΞI	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of	S USUAL OCCUPA work done during	TION most of working	16b. KING	O OF BUSINESS/	INDUSTRY	
٣	Elemantary/Secondery (0-12)	College (1-4 or 5+)							
COMPLETED	12			Retire			Farm B		ness
8	17. FATHER'S NAME (First, Middle, Lest)				18. MOTNER'S NA			•)	
BE	THOMAS V. EDW	ARDS, SR				HENS	_	71- 0-1-1	
2	Elizabeth L.	na			et end Number or Rural				
	ELIZADETH L.				rford Rd	, Bal	20c. LOCATION		
	1 Burial 2 Cremetion 3 Rem		other place)	OSITION (Name of	cemetery, cremetory or		20C. LOCATION	— City or	Iowii, state
	4 (Monetion & Other (Specify)	ceness)		. 22 NAME	AND ADDRESS OF EA	ACILITY			
- 8	21. SIGNATURE OF PURERAL SERVICE LI	Ronald							Y BOARD
	1 Finale	Wede	2/21/	91 65	5 W. Bal	Ltimor	e St.	Bal	to.,MD 2120
	23. PART I. Enter the diseases, or	complications that caus		not enter the	mode of dyling, suc	ch as cerdiac	or respiratory	arrest,	Approximats Interval Batween
	IMMEDIATE CAUSE (Final	,		A4.	10				Onset and Death
	disease or condition	· Ca	rouce	wy	Muna				
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE	OF):/ 4 1	Kuwa Mfarel Mellit	Y. T.			
z		N	usocar	anac	mound	wn			
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):	100000.7	11/			į l
2	cause. Entar UNDERLYING CAUSE (Disease or injury	V	10 -		proceed				
E	that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):					
H	readiting in death) LAST	d							
	PART II. Other significant condition	ns contributing to death	but not resulting	g in the underl	ring cause given in	Part I. 24e	. WAS AN AUTOF	SY 2	4b. WERE AUTOPSY FINDINGS
CAL							PERFORMEO?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDI						''	YES 2 NO		DF OEATH?
Σ						_			1
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL	T		26	PLACE OF DEATH (C	hack only one)			
2	EXAMINER? 1 VES 2 NO	HOSPITAL:	udantiant 0 - DOS	OTHER:	2/				
4	27. MANNER OF DEATH	28s. DATE OF INJUR			INJURY AT		BE NOW INJURY	OCCURED	
	1 Netural 5 Pending	(Month, Day, Yea		NJURY	WORK? YES 2 NO	Victoria			
В	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	IRY — At home, farm			28f. LOCATIO	N (Street and Nu	mber or Run	al Route Number,
ED	4 Nomicide 8 Could not be	building, etc. (S		(A) (A)		City or To	own, State)		
圓	29e. CERTIFIER	2.10/2-02-0-0-0-0-0	11 12 2 12 12		0-01-01		3.6.3.0007.5	2000/15	
MP	(Check only	SICIAN: To the best of my kn							and the second second
COMPLET	2 MEDICAL EXAMIN	IER: Of the basis of examina	mon enc/or investige	mion, in my opinic			place, and dus	to the cous	e(e) end manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	racon			29c. LICENSE NU	UMBER	29d.	DATE SIGN	ED (Month, Day, Year)
TO B	Mysell	worre			11/100/2	X		42	2141
_	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (7)	rpe, Print)					
	Dr. Koppel	1900 E.	Northe	rn Pkw	ay,Balti	more,	MD 212	239	
	31. DATE FILEO FER 2017 19	91 32. REGETBAR'S S	GNATURE D.	1.00					

1681 7 2 934

1 - STATE REGISTRAR

29b. SIGNATURE AND TITLE OF CENTIFIER

WALL DULL MY

FEB 27 1991

.

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
MARK HENTRY MY UNION WEMORIAL HE

UNION WEMORIAL HOSP

32 REGISTRAR'S SIGNATURE

Funda Davidson-Rendalla

BALLIMORE, M.	4 nours after death, Page 6 may be ref	illed in by the funeral director, page 5 and, or removal.	e medical examiner must be no	
DIVISION OF VITAL RECORDS, P.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be ref	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s he fled within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no	

2

		1. DECEDENT'S NAME (First, Middle, Last)	_					2. DATE OF DI	EATH DAY	YEAR	3. TIME
		JOHN E. FORD	Jr					OZ	15	91	0
		4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last i	VRS. WONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Dey,	RTH ; Ybar)		THPLACE (S
P		9e. FACILITY NAME (If not institution, give sti		16		Y. TOWN O	R LOCATION OF DE	ATH	90.0	OUNTY OF	DEATH
3 should	Œ								"		DEATH!
1, 2,	СТОВ	UNION MEMORIAL I					RE, CITY				
Pages	DIRE	10e. STATE 10b. COUNTY			10c. CITY, TOWN	OR LOCATI					10d. INS
		10e. STREET AND NUMBER	81.		17/17/17/		ZIP CODE		10g.	CITIZEN O	F WHAT COL
as the burial-transit permit.	FUNERAL	6013 PRESCOT	7				212	12	1000	U5	A
ial-tra	5	11. MARITAL STATUS	12. WAS DECEDENT EV	FR IN U.S. ARM YES 2 NO	ED 13.		ENDENT OF HISPAN			- 14. RA	ICE - Amer
e pr	BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	DR DATES		1 TYES					ocity: P
as th	60	15. DECEDENT'S EDUC	PATION C	18e. DEC	EDENT'S USUAL (OCCUPATIO	N	18b. KING	O OF BUSINESS	/INDUSTRY	DII
or use		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Glv.	e kind of work done to NOT use retired.)	,				1	
ched ched	COMPL			100	the !	WOR	KER	FEL	DEPAL	(00	ETU
5 should be detached for notified at once.	8	17. FATHER'S NAME (First, Middle, Last)	- CO				18. MOTHER'S NA			10) 20)3	200
ed a	H	19e. INFORMANT'S NAME (Type/Print)	AD, ZE.	195	MAII ING ADDRES	S /Street o	DCT / E		0 -		
age 5 should be detach be notified at once.	2	ELAINE F.	TAYES	5	209 N		HAMPH				LASK
,		20e. METHOD OF DISPOSITION 1 Dispuriel 2 Cremetion 3 Remo		20b. PLACE O	F DISPOSITION (N				20c. LOCATION		Town, State
funeral director, p		Donetion 5 Other (Specify)		ARI	BUTUS	1118	morial	MARL	PLBU	TUS	MA
tuneral dir L examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22	. NAME AN	D ADDRESS OF FA	CILITY	17	01/	RCC
	\Box	* Egercy &	forms		C	HATI	MAN-HA	MISFI	4. BA	1412	16/11
d in by the or removal. medical ex		23. PART I. Enter the diseases, Dr c shock, or heert fellure.			th. Do not ente	r the mod	de of dylng, suc	h es cerdiec	or reepiratory	arrest,	A
y filled ation, or the m	1 1	IMMEDIATE CAUSE (Finel disease or condition	-								O
ompletely al. cremati event, ti		reculting in death)	. SEPSIS	AS A CONSEC	IENCE OF						
comp rial, c	,		PNEUM		DENGE OF J.						
signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, ws any Injury, or other traumatic event, the	ERTIFICATION	Sequentially list conditions, if any, leading to immediate		AS A CONSEO	JENCE OF):						
hysicie prior	⊴	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury	»								
ding p tygiene	胃胃	that initiated evente resulting in death) LAST	DUE TO (OR	AS A CONSEC	JENCE OF):						
atten	빙		j								
seen signed by the att. of Health and Menta	DICAL	PART II. Other eignificent condition		-		ınderiying	ceuse given in	Pert I. 24s.	PERFORMEO?	PSY	24b. WERE A
gned ealth	EDIC	METASTAT CC	PINSIMIE	CANO.	24			15	YES 2 NO	·	DF DEAT
	M	ALZHEIMERS									1 TYE
Dept Dept	3	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	neck only one)			
State C	SIC	EXAMINER?	HOSPITAL:	VOutpatient 3	DOA 4 No		e 5 🗆 Residence	8 Other (Spe	ecify)		
is certification the		27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,	IURY Year)	28b. TIME OF INJURY	28c. INJ	URY AT RK?	28d, DESCRIE	BE HOW INJURY	OCCURED	
fter this c eath with marked	B	1 Naturel 5 Pending 2 Accident Investigation			М		rES 2 NO				
DIRECTOR: After this certificate has been hours after death with the State Dept. of item 28 is marked, or item 23 she	8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	JURY — At hon . (Specify)	ne, farm, atreet, fe	etory, offici		28f. LOCATION City or Tox	N (Street end Nui wn, State)	mber or Rui	ai Route Nun
DIRECT hours a	1 5 1	29a. CERTIFIER	CLAN. To the board	handed: *		41			N 4		
4 R =	🕏	(Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	TO THE RESERVE OF THE PARTY OF								se(e) end me
THE FUNERAL filed within 72 PORTANT: If i	8	29b. SIGNATURE AND TITLE OF CENTIFIER			CHU A		29c. LICENSE NU				NED (Month,
五 記 日 日 日 日 日 日 日	H	Hall Thereton 1	10							2	-191

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

91 05029

8. BIRTHPLACE (State or Foreign 14 MARY AND

10d. INSIDE CITY
LIMITS?
1 YES 2 NO
10g. CITIZEN OF WHAT COUNTRY?

14. RACE — American Indian, Black, White, atc.

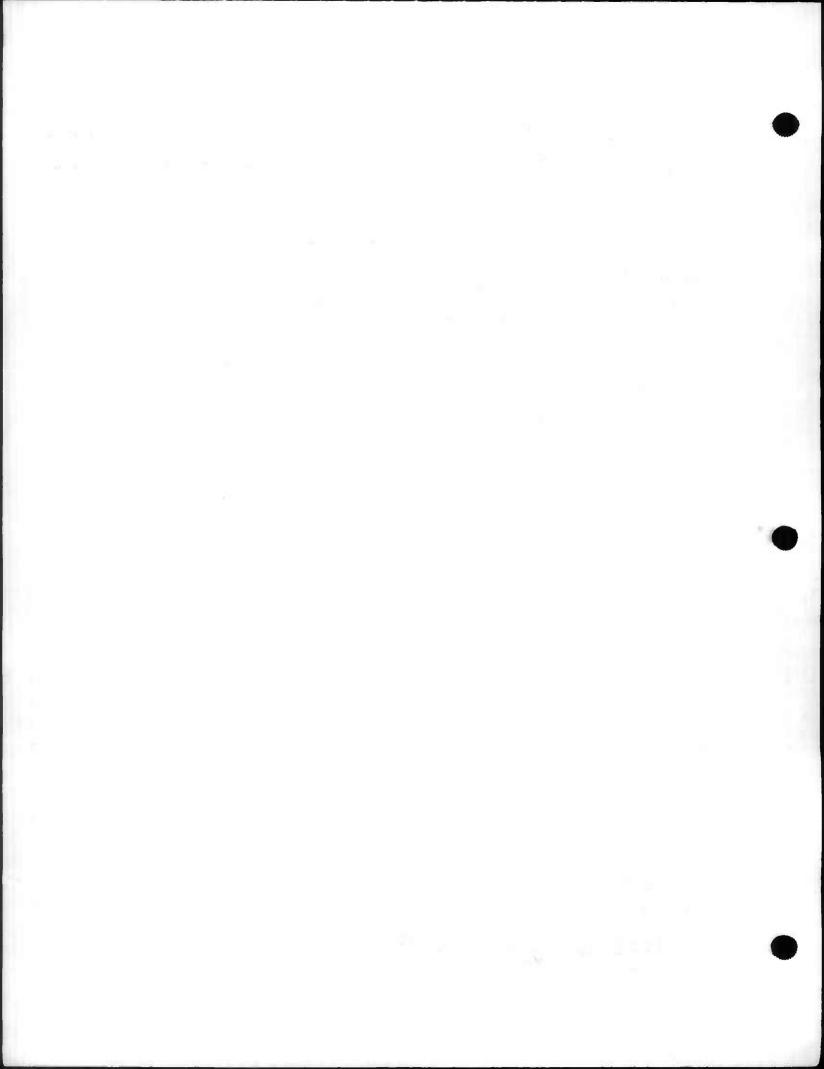
Specify: Black

3. TIME OF DEATH 0930 AM

REG. NO.

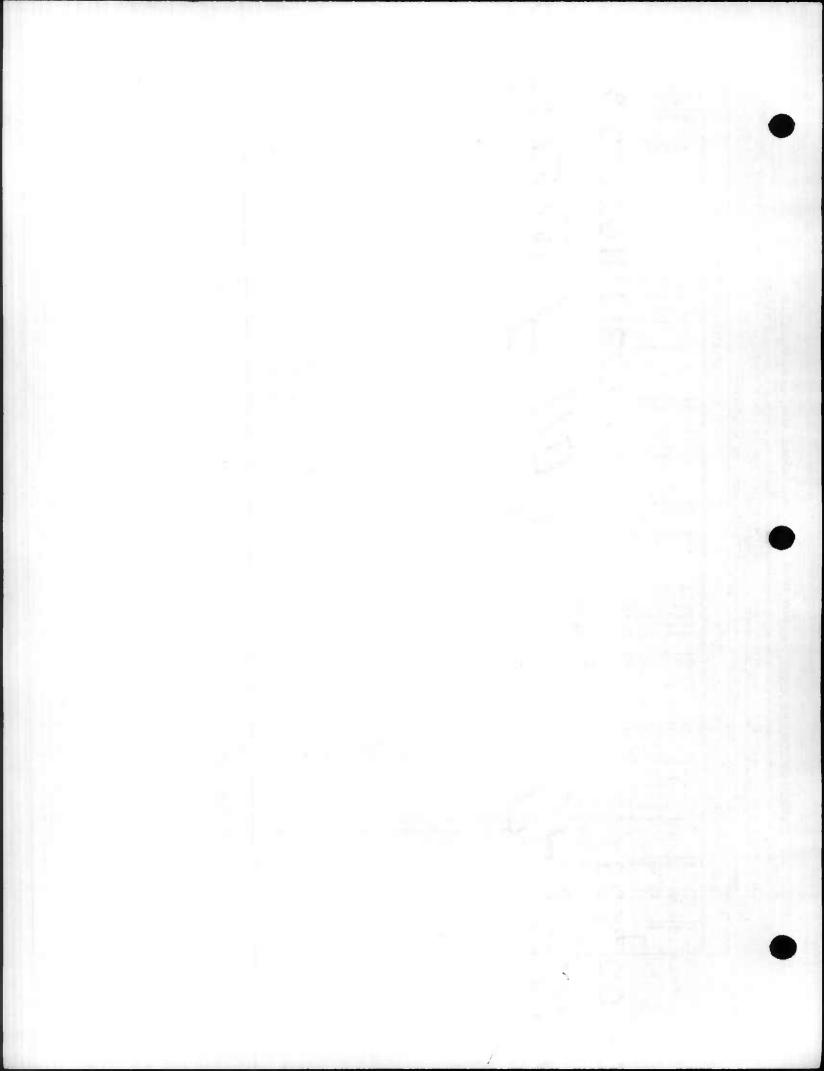
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1701	MC	Celloh ST	
BA/41	2018	Mis CIA	1
ratory arrest		Approximate Interval Between Onset and Death	
AUTOPSY PMEO?	CO DF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION DF CAUSE DEATH?	
	1 (YES 2 KNO	
NJURY OCCUR	ED		
end Number or I	Pural Floute	Number,	
nner sa stated.			
nd due to the c	euse(e) en	d menner ee stated.	
	IS 9	onth, Day, Year)	
1218			
		DHMH-18 Rev 1/89	



IENDING PHYSICIAN: The law requires that the death centificate be executed within 2 - rouns after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	8 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate his be filed within 72 hours after death with the State C	IMPORTANT: If Item 28 Is marked, or Item

	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND OF DEATH	MENT	AL HYGIENI REG. NO.	E	91	05030
	1. DECEDENT'S NAME (First, Middle, Lost) Martin Frank F	oehrko1b				2. DAT	TE OF DEATH	1991	YEAR	3. TIME OF DEATH 3: 30 PM
		The state of the s	n yrs. lest birthdey) 7 4 YRS.	IF UNDER 1 YE	AR IF UNDER 24 HRS.	(Mo	e of BIRTH rith, Day, Year) -23-19	116	Country	PLACE (State or Foreign
H	sa. FACILITY NAME (II not institution, give street 7858 Kavanagh				wn or Location of	DEATH		9c. COU	NTY OF DE	EATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40a CIT	Y, TOWN OR L		ount	У	D	alti	LMOre
		timore	100.01		imore C	ount	У			LIMITS? 1 YES 2XXNO
RAL	10s. STREET AND NUMBER 7858 Kavanagh I	Road			101. ZIP CODE 21.222					HAT COUNTRY?
BY FUNERAL		2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 10	If yo	DECENDENT OF HISE s, specify Cuban, Mex				14. RACE Black	StatesAmerican Indian, , white, etc. White
ED 8	15. DECEDENT'S EDUCAT		18a. DECEDENT'S	USUAL OCCU	PATION	1	6b. KIND OF BUS	INESS/IN		wiite
COMPLET	(Specify only highest grade co	mpleted) College (1-4 or 5+)	Sales		g most of working		Se	afo	od	
	17. FATHER'S NAME (First, Middle, Leet) John Foehrkolb						, Micidle, Malden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	meet and Number or Rur	ry E		ı, Statu, Zi	p Code)	21108
임	Martin J. Foeh		242	Chale	t Circle	e We	st Mil	1er	svil	le, MD
	20a. METHOD OF DISPOSITION X Burial 2 Coremetion 3 Remove 4 Donation 5 Other (Specify)	of from State	other place)		metery cremetory		F.594		City or To	Maryland
,	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NA	E AND ADDRESS OF	FACILITY				
	· Clizabeth	a. Selis	raki	Li 70	11y & Ze	eile	r, INC	St	uner	al Homes
NO	23. PART I. Enter the discess, or constitute, or heart fellure. Lit immediate cause (Final disease or condition resulting in death) Sequentially list conditions,	at only one cause on a	cover puence of	ence		W)	ardiac or reapi	ratory ar	rest,	Approximate Interval Between Onset and Death
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE O	F):						
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	contributing to deeth b	ut not reaulting	In the under	riying cause given	in Part I.	24e. WAS AN PERFOR 1 TYES 2	WED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NAI	25. WAS CASE REFERRED TO MEDICAL EXAMINERY	HOSPITAL:			16. PLACE OF DEATH	(Check only	one)			
IASI	0.4	Inpetient 2 ER/Outp		OTHER:	and the same of		her (Specify)			
BY P	Natural 5 Pending	(Month, Day, Year)	28b. TIN	JURY	WORK?	26d, L	EŞCRIBE HOW II	NJUHY OC	CUHED	
<u> </u>	3 Suitcide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory,	office	281, L	OCATION (Street a lty or Town, State)	and Numbe	or or Rural F	Route Number,
COMPLET		AN: To the best of my know On the basis of examination) and manner as stated.
O BE C	296. SIGNATURE AND THE OF CONTIFIER		\		29c. LICENSE I	NUMBER / 7	0	29d. DA	TE SIGNED	(Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO	IMPLER	MD	808	S CON	KL1	NG-S	TH	BAC	TO MD,
	FEB 2 7 1991	32. BEGISTRABIS SIGN	ATURE Randell	-					Ċ	21224
										DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENI REG. NO.	E	
i	1. OECEDENT'S NAME (First, Middle, Lest) FELG 4 SON	REVA-			2. DATE OF DEATH MONTH DA	191	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-58-5273	5. SEX 6. AGE (In yrs. A	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, Year)	13	RTHPLACE (State or Foreign puntry)
5		oct and number) North General H	spital 36.0	Ranclals to	EATH MID	9c. COUNTY (
HECTOR	TRESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	< 0 ¹	10c. CITY, TOW	N OR LOCATION			10d. INSIGE CITY LIMITS?
AL DIR	100. STREET AND NUMBER		1 DY	10f. ZIP CODE		10g. CITIZEN	1 ♣ TES 2 □ NO DE WHAT COUNTRY?
FUNERAL	360/ PATTER	12. WAS DECEDENT EVER IN U.S. A	RMED	2/20	NIC ORIGIN? (Specify Yee	or No.— 14. I	S. A v
à l	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES	Mo	If yes, specify Cuben, Mexic 1 YES 2 10 Specif	n, Puerto Rican, etc.)	*	Black, White, atc. Specify: AMAICANS
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	completed)	PECEDENT'S USUA Give kind of work do fe. Do NOT use retin	one during most of working	16b. KIND OF BUS		
COMPLE	17. FATHER'S NAME (First, Middle, Lest)		ina	16. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)	
N I	190. INFORMANT'S NAME (Type/Print)	our		GA		ener	7
2	Mrs. Luclin	e Wiley .	50235	NESS (Street and Number or Rural	BOIN ON	m. 5100, 210 Coo	2125
	20e. METHOD OF OISPOSITION 1	val from State 20b. PLAC	E OF DISPOSITIO	Name of cemeters, Ametery or	20c. LO	CATION - City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	Russ		22 NAME AND ADDRESS OF A	Sth Ave	Enl	Home 6
	23. PART I. Enter the diseases, or co	omplications that caused the	deeth. Do not si	nter the mode of dying, su	ch as cardiec or respi	ratory errest,	Approximets Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	0		stony are	rost		Onset and Death
İ	, , , , , , , , , , , , , , , , , , , ,	DUE TO (OR AS A CONS	EOUENCE OF):				
	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF):				
HIFICALION	csuse. Enter UNDERLYING CAUSE (Diseese or Injury that initieted events resulting in death) LAST	OUE TO (OR AS A CONS	EOUENCE OF):				
SER		l					
JICAL JICAL		renal failur		underlying ceuse given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC	lymplo	ome			_		1 ☐ YES 2 ☐ NÓ
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	heck only one)		
2 ∥	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient		HER: Nursing Home 5 - Residence	6 Other (Specify)		
2	1 TYES 2 TO			28c, INJURY AT		N ILION OCCUPE	0
	27. MANNER OF DEATH 1 X Natural 6 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WORK?	28d. OEŞCRIBE HOW I	NJORT OCCURE	
à	27. MANNER OF DEATH	28a. DATE OF INJURY	INJURY	WORK? 1 YES 2 NO	261. LOCATION (Street City or Town, State)	and Number or R	
à	27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY — Al building, etc. (Specify)	home, farm, street,	WORK? 1 YES 2 NO factory, office	261, LOCATION (Street City or Town, State)	and Number or R	ural Route Number,
BE COMPLETED BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 6 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	28a. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY — As building, etc. (Specify) CIAN: To the best of my knowledge, R: On the beste of examination end/s	home, farm, street,	WORK? 1 YES 2 NO factory, office	26f, LOCATION (Street City or Town, Stete) e to the cause(e) end mail time, date end place, er	and Number or R	ural Route Number, use(e) end manner ee stated. NNED (Month, Day, Year)
COMPLETED BY	27. MANNER OF DEATH 1 Netural 6 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	28a. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY — As building, etc. (Specify) CIAN: To the best of my knowledge, R: On the beste of examination end/s	home, farm, street, death occurred at or investigation, in	WORK? 1 YES 2 NO factory, office the time, date end place, end du my opinion, death occured at th 29c. LICENSE NO	26f, LOCATION (Street City or Town, Stete) e to the cause(e) end mail time, date end place, er	and Number or R	ural Route Number, use(e) end manner es stated. DNED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIEN	_	05032
DECEDENT'S NAME (First, Middle, Lest)		EŞTIAL FA		2. DATE OF DEATH MONTH	AY GYEA	3. TIME OF DEATH
SOCIAL SECURITY NUMBER		yrs. lest birthday) IF UN	IDER 1 YEAR IF UNDER 24 HRS	46.6 44.60 44.4		RTHPLACE (State or Foreign
NA	1 🗆 M 2 🗡 F -	YRS. MONT	HS DAYS HOURS MIN.		191 0	Md.
n, FACILITY NAME (If not institution, give s		2000	CITY, TOWN OR LOCATION OF		9c. COUNTY O	F DEATH
Union Memo,	rial Hosps	tal	Baltimore	City		
Da. STATE 10b. COUNTY	Υ	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS?
MD		BAL	TIMORE, C	ITY		1XXYES 2 NO
1810 MAULSB			21237		10g. CITIZEN O	DE WHAT COUNTRY?
1. MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISI If yes, specify Cuban, Max 1 YES 2 NO Spe	ican, Puarto Rican, atc.)		ACE — American Indian, Heck, White, atc. Ipecify: BLACK
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work ok life. Do NOT use retire CHILD	one during most of worlding id.)		ISINESS/INDUSTR	Y
ROBERT EDWIN	N MITCHELL			NAME (First, Middle, Maide		T.D.
ROBERT EDWIN	MITICHELL	19b. MAILING ADDS	RESS (Street and Number or Ru	ENA MICHE		
HELENA M. FAI	IR		AULSBY CT.			•
Da. METHOD OF DISPOSITION X Buriel 2		PLACE AND DATE OF D		DATE 20c. Le	OCATION — City o	
I. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1 11	22. NAME AND ADDRESS OF			, , , , ,
· Atton	: 9 11/1	wells	WM.C. MAR	CH F.H. 1	101 E.	NORTH AVE
Sequentially list conditions, fary, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST	b. DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	to Place	nta	yes.	
PART II. Other algnificant condition	ne contribution to deeth by	it not moulting in the	underluing cause alven	In Part I. 24s. WAS A	N ALITODRY	24b. WERE AUTOPSY FINDINGS
Solution Solution	econtributing to deeth be	The resulting in the	didanying cause given	PERFO	RMED?	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH	(Check only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Nopellant 2 ER/Outp		HER: Nursing Home 5 - Rasiden	ca 5 Cher (Specify)		
MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	25b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
1 Natural 5 Pending						
1 Natural 5 Pending	28s. PLACE OF INJURY building, atc. (Speci	At home, farm, street,	factory, offica	28f. LOCATION (Street City or Town, State	and Number or Ro	iral Route Number,
1 Netural 2 Accident 3 Suicide 4 Homicide 9a. CERTIFIER (Check only one) 1 MEDICAL EXAMINE	building, atc. (Special CIAN: To the best of my knowless: On the basis of examination	ly) odge, death occurred at 1	the time, date and place, and	City or Town, State	nner as stated.	
1 Natural 2 Accident 3 Suicide 4 Homicide 9a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 9b. SIGNATURE AND TITLE OF CERTIFIER	BICIAN: To the best of my knowless. On the bests of axamination	odge, death occurred at a and/or investigation, in	the time, date and piece, and my opinion, death occured at 29c. LICENSE	City or Yown, State dua to the ceuse(a) and m the time, data and place, a	enner as stated.	
1 Natural 2 Accident 3 Suicide 4 Homicide 9a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	BICIAN: To the best of my knowless. On the bests of axamination	odge, death occurred at and/or investigation, in the investigation of th	the time, date and piece, and my opinion, death occured at 29c. LICENSE	City or Yown, State dua to the ceuse(a) and m the time, data and place, a	enner as stated.	use(s) and manner as stated.

FOR STATE REGISTRAR

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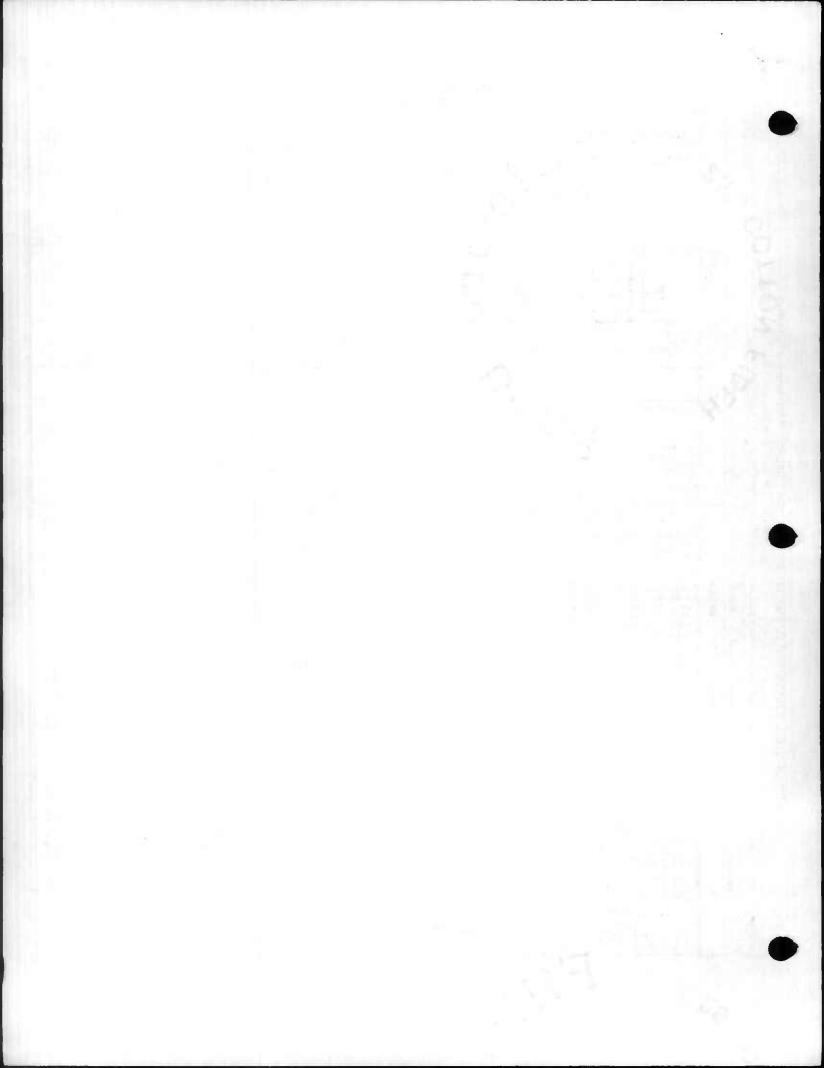
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1. DECEDENT'S NAME (First, Middle, Last) 2 12 AM Clara Green 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or 247-44-7264 DAYS HOURS S.C. 1 | M 2 | F 4 06 28 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN BALTIMORE CITY CHURCH HOSPITAL CORPORATION DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BALTIMORE, 1 YES 2 NO CITY MD 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER FUNERAL 509 ROUNDVIEW RD. 21225 USA use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 X NO IF YES, GIVE WAN OR DATES 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married ВУ 3 Widowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EQUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) n by the funeral director, page 5 should be detached for removal. Elamentary/Secondary (0-12) College (1-4 or 5+) DISABLED 6th once. 17. FATNER'S NAME (First, Middle, Leat) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ARTHUR THACKER RICKS LIZA notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RUSSELL 509 ROUNDVIEW RD./BALTIMORE, MD 21225 GREEN 9 20e. METHOD OF DISPOSITION
N□ Surfal 2 S Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State must GARRISON FOREST VET. CEM OWINGS MILLS. MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C. MARCH F.H. 1101 E. NORTH AVE nson medical 23. FART . Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory strest, Approximsta filled in by shock, or hasrt failure. List only one cause on each line. ö Onset and Death IMMEDIATE CAUSE (Final the has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, disease or condition_ GUINATOR reaulting in death) traumatic event, DUE-TO (OR AS A CONSEQUENCE OF): DYSENRETION PSTULIC CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 23 shows any Injury, 24s. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO 1 - YES 2 100 COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PHYSICIAN: L DIRECTOR: After this certificate has 2 hours after death with the State De If Item 28 Is marked, or Item 2 Item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide a Could not be COMPLETED 4 Homicide 1 OCERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL E
TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If It 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner as stated. 296 SIGNATURE AND THE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1.12 doin 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) I. Ibarra MD Gulia MATRIMBIO A CONTROLLA SALES CHURCH HOSPITAL 100 N. Broadway FEB 27 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



al or at	for use		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use		nce.
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SICIAN	certific	h the S	d, or
NG PHY	fter this	eath with	marke
TTENDI	TOR: A	after de	28 is
L OR A	DIREC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Mo

2	1. STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) Marion R. Gardner						MONTE 2/	NTAL HYGIENE REG. NO. DATE OF DEATH DAY 2/19/91 3. TIME OF DEATH PARTY OF DEATH DAY 2/19/91				
	4. SOCIAL SECURITY NUMBER 217-26-5114	5. SEX	6. AGE (In yrs. les		MONTHS		HOURS MIN.	7. DATE	6/30		S. BIRT	HPLACE (State or Foreign (Y)) VA
DIRECTOR	9e. FACILITY NAME (If not institution, give et (Home) 4802 Pa	. 21215	5	9b. CITY,	96. CITY, TOWN OR LOCATION OF DEATH Baltimore			0/30	9c. COUNTY OF DEATH			
	RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Md	,		10c. CITY	city, town on Location Baltimore							10d. INSIDE CITY LIMITS? 1 YES 2 NO
	106. BTREET AND NUMBER 4802 Palme	r Avo				101. 2	ZIP CODE			10g. CI		WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 th Married	I. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 1				ARMED 13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuben, Maxican, Pue				uerto Rican, etc.) Black, White, etc		
ED BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES				1 YES 2 NO Specify:					Specify: Black 16b. KIND OF BUSINESS/INDUSTRY		
COMPLETED	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Give kind of work done during most of working life. Do NOT use retired.)											
BE COM	17. FATHER'S NAME (First, Middle, Last) Henry Freeman						_	a. MOTHER'S NAME (First, Middle, Maldon Surname) Susie Freeman				
TO 8	190. INFORMANT'S NAME (Type/Print) Delores Wells 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5003 Lode Stone Way Balto. Md. 21206 Apt. 5											
	20b. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) The Company of the Company of C											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw P1. Balto. Md. 21217 23. PART & Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	Shock, or heart failure. List only one cause on bach line.										rreat.	Approximate
	disease or condition resulting in deeth)		-	OUENCE OF	F):					atory a	rreat,	
ERTIFICATION	disease or condition resulting in deeth)	DUE TO	-	OUENCE OF	F): 						rreat,	Interval Between
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE OF	-7): 	MI	(F	KVI.		AUTOPS\ MED?		Interval Betwee Onset and Dear
MEDICAL C	Sequentially list conditiona, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant condition	DUE TO	OR AS A CONSE	OUENCE OF	-7): 	TH I	ceuse given in	n Part I.	24a. WAS AN PERFOR	AUTOPS\ MED?		Interval Betwee Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset On
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant condition	DUE TO d. HOSPITAL:	OR AS A CONSE	OUENCE OF	other	nderlying 26. PLA	(F	n Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPS\ MED?		Interval Betwee Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset and Deal Onset On
BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO DUE TO d. HOSPITAL: 1 Inputent 2	OR AS A CONSE	OUENCE OF OUENCE OF Teaulting is	OTHEI	26. PLAR: sing Home 28c. INJUN WOR	ceuse given in	n Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPS\ MED?	Y 24	b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending	DUE TO DUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE Of (Month, i)	OR AS A CONSE	OUENCE OF OUENCE OF reaulting is	OTHEL	26. PLAR: raing Home 28c. INJU WOR 1 YE	couse given in	n Part I. Check only or 8 Other 28d. DES	24a. WAS AN PERFOR 1 UYES 2	AUTOPS MED?	Y 24	Interval Betwee Onset and Deal August 200 Au

32. REGISTRAR'S SIGNATU Julia Davidson

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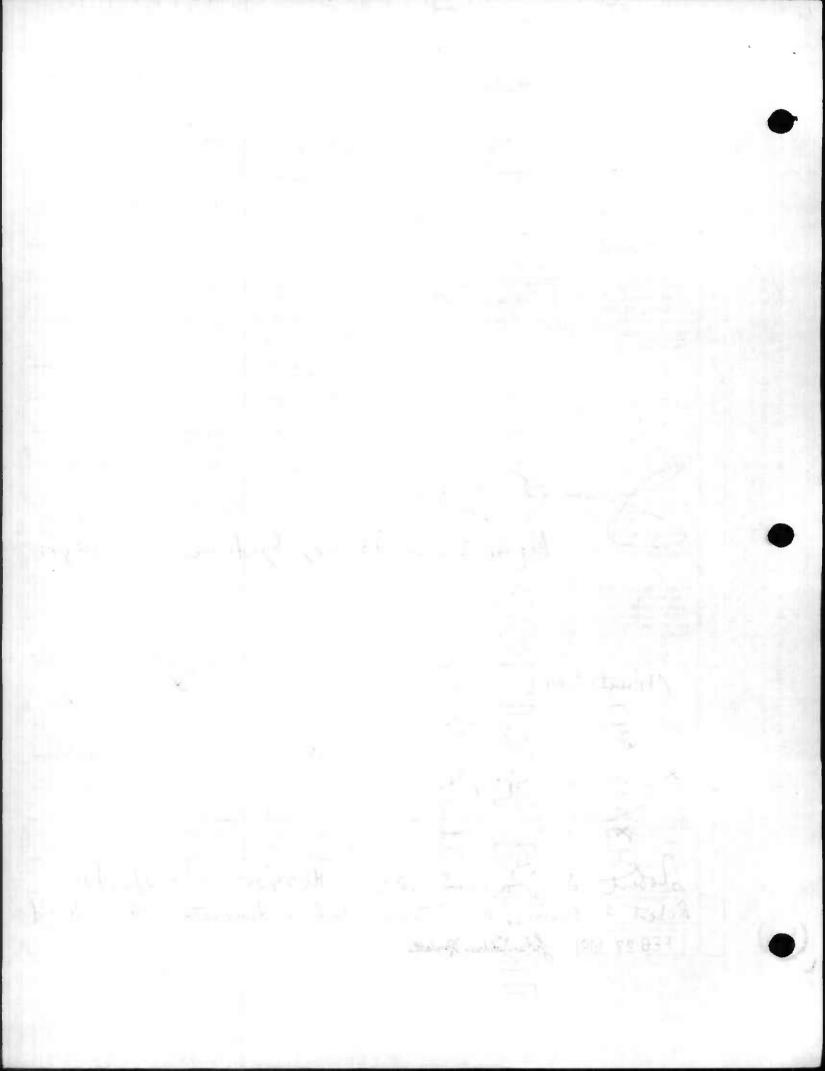
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND ! CATE OF DEATH	MENTAL HYGIENE REG. NO.	05035					
	1. DECEDENT'S NAME (First, Middle, Last)								
ОВ	Keith Franklin Hineline 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	2 23 91 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fon						
		HONTHS DAYS HOURS MIN.	(Month, Day, Year) 7-7-43	Country)					
		9b. CITY, TOWN OR LOCATION OF DE	, , ,	Maryland Oc. COUNTY OF DEATH					
	5821 Highgate Drive	Baltimo	re	Baltimore City					
5	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 10c. CITY.	10d. INSIDE CITY							
DIRECTOR	V 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		LIMITS?						
	10s. STREET AND NUMBER	Baltimore 101. ZIP CODE	1	log. CITIZEN OF WHAT COUNTRY?					
FUNERAL	5821 Highgate Drive	21215	5	U.S.A.					
1	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 Never Merried 2 Merried	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica		No — 14. RACE — American Indien, Black, White, etc.					
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 YES 2 X NO Specify	r:	Specify: White					
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of we	ISUAL OCCUPATION	18b. KIND OF BUSINESS/INDUSTRY						
回	Elementary/Secondary (0-12) College (1-4 or 5+)	ork done during most of working retired.)							
COMPLETED	4 years Pa	Myrna Pourier Inc.							
	Darrell Franklin Hineline		ME (First, Middle, Meiden Su						
BE		ADDRESS (Street and Number or Rural is	ith Ann Tho						
2	Mrs. Eileen Santiago 4002	23rd Parkway Te	mple Hills,	MD 20748					
	20e. METHOD OF DISPOSITION 20b PLACE AND DATE	OF DISPOSITION (Name	DATE 20c LOCA	TION - City or Town State					
	4 Donation 5 Dother (Specify) Carroll Cremation Services. 2/25 Hampstead. MD								
	Loring Byers Funeral Directors, Inc.								
	terros to our			11stown, MD 21133					
	23. PART I Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, about, on heart feiture. List only one cause on each line. Approximate interval Between Onset and Dest								
	IMMEDIATE CAUSE (Pinel disease or condition								
	disease or condition - Acquired Timmune leticiency Syndrome 10, rs								
Z	Sequentieity list conditions,								
AT	thany, leading to immediate cause. Enter UNDERLYING								
FI	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST								
	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING								
ICAL	Manutrition	PERFORMI	COMPLETION OF CAUSE						
MEDI									
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
14S	1 PES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED								
	1 Netural 5 Pending North, Day, lear) INJURY WORK?								
D BY	2 Accident Investigation 3 Suicide 28e. PLACE OF IBJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,								
	4 Homicide determined building, etc. (Specify)								
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as attend.								
S	one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated.								
H	296. NICHATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (MORRID, Day, Year)								
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)	03	2/25/71					
	Robert S. Goodwin, D.O Tows	. 1/	Associate	5 7801 York Rd					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			1					
	FEB 27 1991 Ailia Davidson Randall								



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be netfilled at once. urs after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

lten	4, Film 673, 3/1/91,lt							Q	1	05036	
	1 - STATE OF I			MENT OF	HEALTH AND		YGIENI REG. NO.	E		00000	
	1. DECEDENT'S NAME (First, Middle, Lest) William PURNELL Henson						oeath uary	[*] 25,	YEAR 1991	3. TIME OF DEATH 11:57pmm	
	4. SOCIAL SECURITY NUMBER 215-40-9991 5. SEX 1 M 2 F	8. AGE (In yrs. les 48		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH		8. BIRTHP Country)	LACE (State or Foreign	
OR	9a. FACILITY NAME (II not institution, give street and number) Maryland General Hospital			9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City				9c. COUNTY OF DEATH			
NRECT	10e. STATE 10b. COUNTY MD			TOWN OR LOC	ATION E CITY				2	10d. INSIDE CITY X X-LIMITS? 1 YES 2 NO	
ERAL (100. STREET AND NUMBER 1 Brubar Court Apt	10f, ZIP CODE 21207			10g. CITIZEN O USA				HAT COUNTRY?		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES			1 ☐ YES 2 W NO Specify: Specify:					- American Indian, While, etc. Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) 8 th Grade 19a. DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working life. Do NOT use retired.) Pleasant Manor N.H.										
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Alberta S. McCree										
TO BE	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Apt. 1 BRUBAR COURT/BALTIMORE, MD. 21207 2-C										
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremellon 3 Removal from State 4 Donellon 5 Other (Specify) 20b King Memorial Park St										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE WM.C. MARCH F.H. 1101 E. NORTH AVE.								ORTH AVE.		
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory srrest, shock, or heart feiture. List only one cause on each line. Approximate interval Batween Onest and Death										
	disease or condition resulting in death) Metatastic gastric carcinoma Due to (or as a consequence of):										
NOI	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF):										
I - I	resulting in death) LAST										
MEDICAL	PERFORMED? AMAILABLE PRIOR TO										
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
HYSI	1 ☐ YES 2 ② NO 1 ☒ Inpetient 2 27. MANNER OF OEATH 28a. DATE O	1 🔀 Inpetient 2 🗆 ER/Outpetient 3 🗆 DOA 4 🗎 Nursing Home 5 🗆 Residence 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT					ca 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
ВҰ	1 XNaturel 5 Pending 2 Accident Investigation 3 Suicide 28a. PLACE	XMeture 5 Pending			M 1 YES 2 NO			281. LOCATION (Street and Number or Pural Route Number,			
ETED.	4 Homicide detarmined detarmined Duriding, arc. (Speciny) City or lown, State)										
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month Day, Year) 1 1 296. LICENSE NUMBER							(Month/Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Marc Goldman, M.D. c/o Maryland General Hospital										

32. REGISTRAR'S SIGNATURE



FEB 27 1991

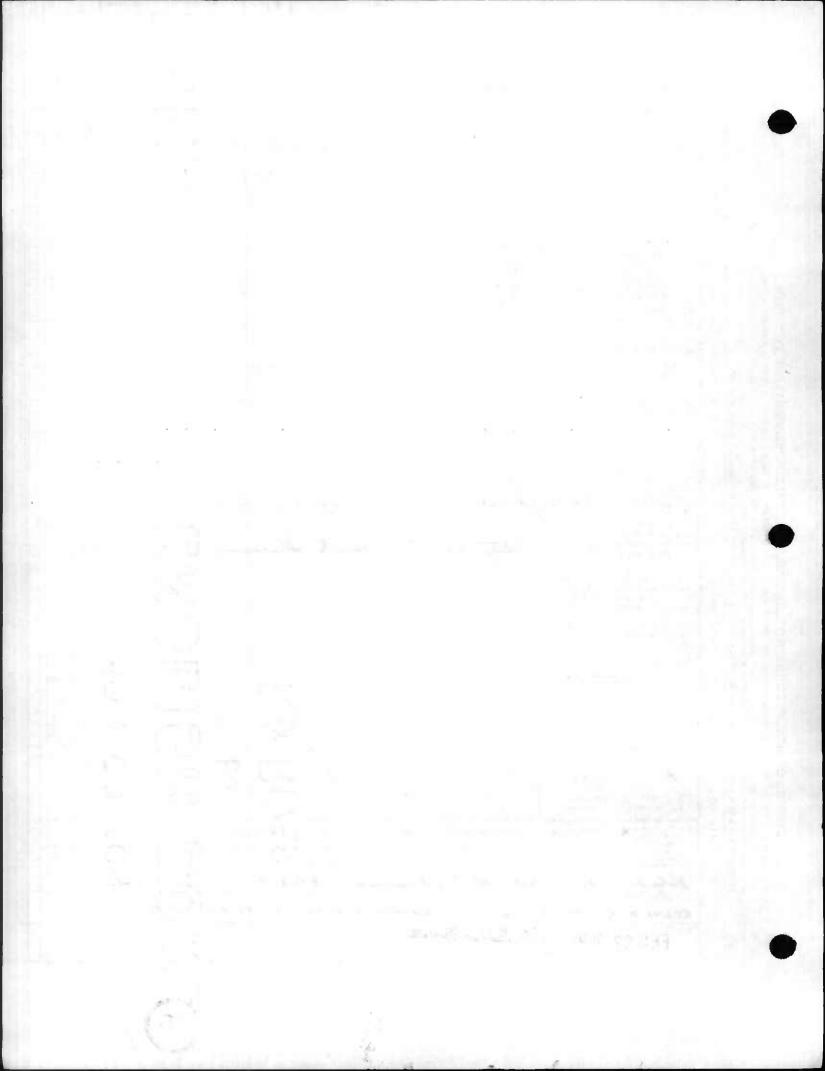
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the nospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTI	RTMENT			MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) CARRIE	В		HILL			2. DATE MONTE	of death 0.2	2 9	YEAR	3. TIME OF DEATH 5.00 P. M.	
	4. SOCIAL SECURITY NUMBER 216-42-8600	1 □ M 2 😿 F	AGE (In yrs. last birthda) 93 YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURE MIN.	(Mont)	OF BIRTH h, Day, Year) AY 24		Country	RYLAND	
g B	9a. FACILITY NAME (If not institution, give s 1307 DIVISION					R LOCATION OF DE LMORE	ATH		9c. COUN	TY OF DE	ATH	
DIRECTOR	M.D.	ſ		SALTIN							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 1307 DIVISION	1307 DIVISION STREET			101. ZIP CODE 21217				10g. CITIZ		HAT COUNTRY? USA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Ri 1 VES 2 NO Specify:					a or No—		- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NO	of work done of use retired.)	CUPATIO	N at of working		KIND OF BU		USTRY		
	12 17. FATHER'S NAME (First, Middle, Last) ISAIAH P.	BROWN	DIETI	CIAN		18. MOTHER® NAI	ME (First,				DOLS	
TO BE	19a. INFORMANT'S NAME (Type/Print) DR. CLAUDE D.				,	ON ST.	Toute Num	ber, City or Tow	vn, State, Zip	Code)	17	
	20e. METHOD OF DISPOSITION 10 Burlel 2/2 Cremetion 3 Rem 4 Dongtloy 5 Other (Specify)		20b. PLACE AND Da	ATE OF DISPO	OSITION (ace)	(Name	DAT	E 20c. LC	OCATION —	City or To	vn, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21. 21.21.7											
	23. PART I. Enter the diseasea, or complications that daused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) But to (or as a consequence of):									Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
CAL		PART II. Other aignificent conditions contributing to death but not rest					Part I. 24s. WAS AN AUTOPSY PERFORMED?		24b.	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF DEATH (Ch	eck only o	ne)		_		
PHYSICIAN: MEDI	1 Tes 2 No 27. MANNER OF DEATH				ing Hom 28c. INJ	e 5 KResidence URY AT RK?	_		(Specify) RIBE HOW INJURY OCCURED			
BY	1 Metural 5 Pending 2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide S determined	28s. PLACE OF building, et	INJURY — At home, far c. (Specify)	M 1 VES 2 NO			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				loute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the tima, data and place, and due to the calculations.) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE Robert J. Amost	5, m.b. a		29c. LICENSE NUM D 1081			/				(Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON W ROLAND T. SMO	OTMB	2300 641	QR 150	V B	LYD, BA	LTO	, HD,	2/2/	6		
	FEB 27 1991	932 REGISTRAR	S SIGNATURE						45		200	





DHMH-16 Rev 1/89

FUNERAL

BY

COMPLETED

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2

MEDICAL

COMPLETED

10

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending purisician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag has mentioned by the state Dect. of Health and Mental Hydione prior to burial, cremation, or removal.	Visited states of the first state of the first states of the states of t
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires t	THE FUNERAL DIRECTOR: After this certificate has been signed within 72 hours after death with the State Deot. of Health	A STATE OF THE PARTY OF THE PAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

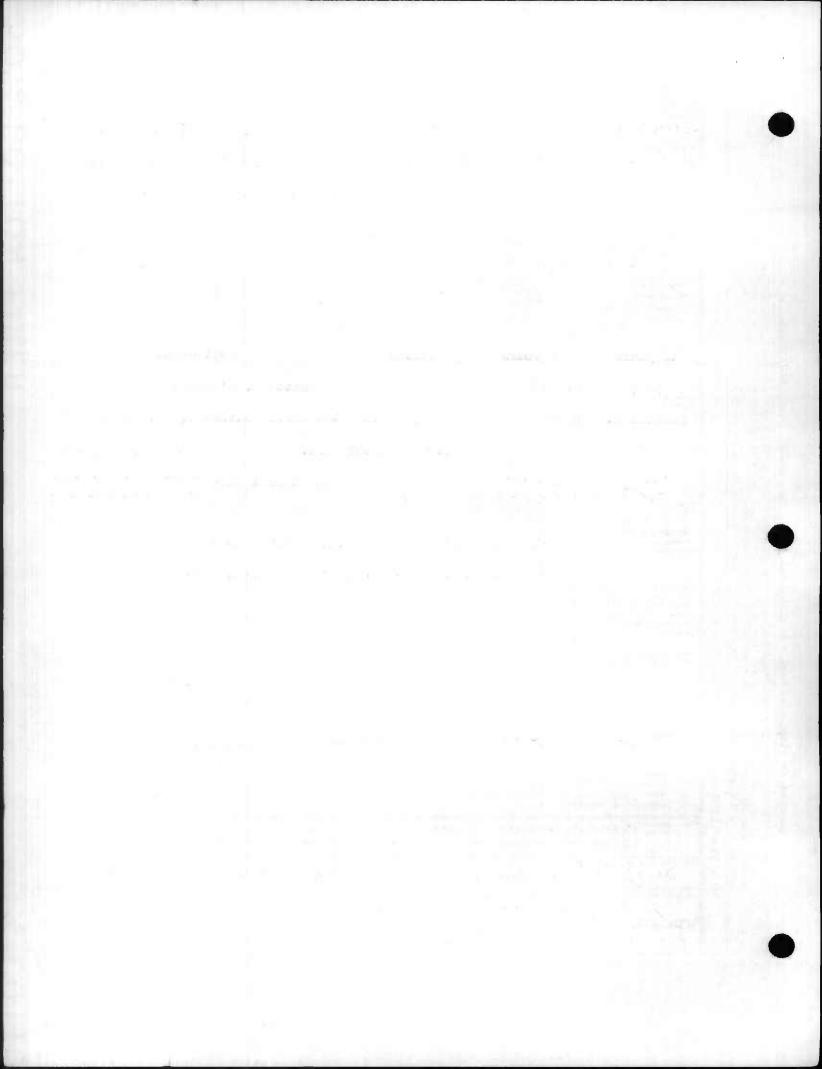
BALTIMORE, MARYLAND 21203-3146

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9 I JEFFREY HOSPER 5:10 25 2 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 215-52-3056 1 M 2 D F 195 31 MARYLAND 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Balt nove BOLTS Hospi Tal CIT Center Sour DIRECTOR Homewood RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Mel Balif at. Ballarou 1 PYES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2106 Gough 21231 USA 12. WAS DECEDENT EVER IN U.S. ANMED FORCES? 1 YES 2 NO 11. MARPTAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 165 KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) 12 years 2 years Waiter Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Hooper, Russell Annette E. O'Connor 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Russell C. Hooper 4561 Bennerton Drive Baltimore, Md. 21236 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Metro Crematory Inc. Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21236 Lassahn Funeral Home LIBSSANN FUNERAL 7401 BELAIR RIT HOHE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or raepiratory errest, shock, or heart failure. List only one cause on each line. Interval Between Onset end Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) THEMOUSTIC (GRINII PHEMONIA DUE TO (OR AS A CONSEQUENCE OF): ACQUIRED IMMUNE DEFICINCY SYNDROMÉ CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAIL ARLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:

OTHER:

| OTHER: | 4 | Nursing Home | 5 | Residence | 8 | Other (Specify) 1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF INJURY 26d, DESCRIBE HOW INJURY OCCURED 1 Netural 8 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE P38873 DR Manny 2/25/91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOMEWOOD HUSTITAL MANSURT M. D. 32. REGISTRAR'S SERVATURE La Davidson- Tomboth



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	-UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL O	TO THE FUNERAL D	be filed within 72 hours aft	IMPORTANT: If It

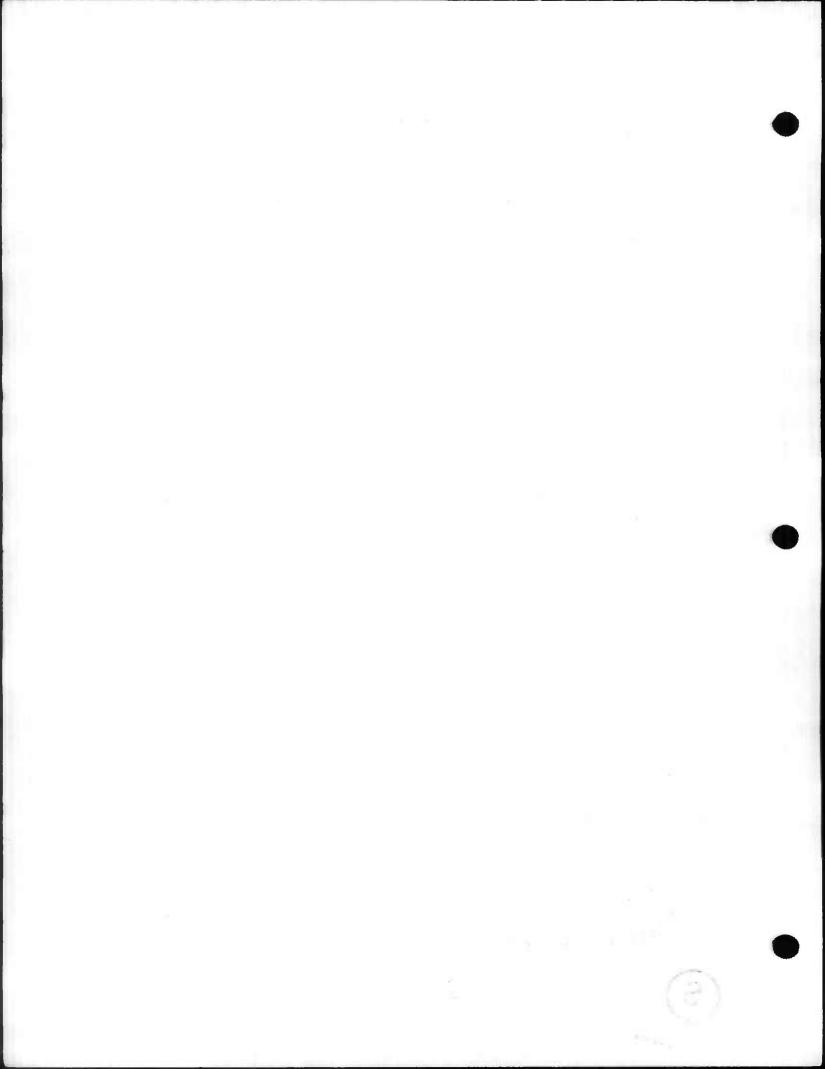
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ARTMENT (FICATE			IENTAL HYGIEN REG. NO	E .	05039	
	1. DECEDENT'S NAME (First, Middle, Lan	HOW CECI	TIA VII				2 0	4 9	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthde	MONTHS E	EAR IF UNDI	MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Aryland	
NG.	9e. FACILITY NAME (If not institution, gh	e street and number)	•	96. CITY, T	OF DEATH					
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COU		Lan							
DIRECTOR		ltimore	100.	Phoeni					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
AL	10e. STREET AND NUMBER			10f, ZIP CO	DE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	14221 Sunnybroo			211	31		U.S.	Α.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER					C ORIGIN? (Specify Ye	or No- 14.	RACE — American Indian, Black, White, atc.	
	1 Never Married 2 Married	FORCES? 1 YES			YES 2 NO		, Puerto Rican, etc.)		Specify:	
ВУ	3X Widowed 4 Divorced							[√hite	
	15. DECEDENT'S E (Specify only highest gr		(Give kind	T'S USUAL OCC		kina	18b. KIND OF BU	SINESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Homen	use retired.)			Own H	Ome		
S	17, FATHER'S NAME (First, Middle, Last)		Homes	IGICO I	18, MC	THER'S NAM	IE (First, Middle, Malden			
	Andrew J. Barre	++					n Millstr			
BE	19a, INFORMANT'S NAME (Type/Print)		19b, MAIL	NG ADDRESS (_		oute Number, City or Tox		tio)	
5	Warren Howard		100	as #1						
	20a. METHOD OF DISPOSITION 1 ★ Burlel 2 Cremation 3 A	emoval from State	b. PLACE OF DISI other place)					CATION — City	2 - A 1990TEE	
	4 Donation 5 Other (Specify)		Poplar (7/91 Ph	oenix,	Md.	
	21, SIGNATURE OF FUNEBAL SERVICE	LICENSEE	/		ME AND ADDE		uneral Ho	mo Ind		
	· An l	11. 14.								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between immediate CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): 1050 York Rd., Towson, Md. 21204 Approximate interval Between Onset and Death Onset and Death									
CERTIFICATION	Sequentially llet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d.									
PHYSICIAN: MEDICAL (PART il. Other algnificent condit	ng in the und	erlying cause	given in l	Part i. 24a. WAS AF PERFO	RMEO?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ż									-	
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF	DEATH (Che	ck only one)	·		
YSI	1 YES 2 NO	1 inpatient 2 ER/Out	patient 3 🗆 DO		g Home 5 🗆	Residence	8 Other (Specify)			
	27. MANNER OF DEATH 1. Setural 5 Pending	28s. DATE OF INJURY (Morith, Day, Year)	28b.	TIME OF 2 INJURY M	Bc. INJURY AT WORK? 1 YES 2	□ NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not determined	Y — At home, fer	m, street, factor			28f. LOCATION (Street City or Town, State	81. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
COMPLET	cond only	IVSICIAN: To the best of my know								
8		IINER: On the basis of examination	on measure interprity		mon, westi oci	coreu at the	ime, unte end piaca, e			
TO BE	296. SIGNATURE AND TITLE OF CENTS	X AT	TWO	26 M	D 59c.T	D30	0 -1	≥ 29d. DATE S	GNEO (Month, Day, Year) - ZJ - 91	
-	30 HAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	34	ype, Print)	BEL	1575	RE ANE	BA	500 ZIZIN	

32 Aegistrasis signature Juna Davidson-Randall

DHMH-18 Rev 1/89



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7	TO STEERING DINGLIANS
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DIVISION	CHICA
2	arrest and a
5	8
	- 5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within CAMOUNTS after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State begut of Health and Memtal Hygiene prior to burial, cremation, or remotion, or remove must be notified at once. IMPORTANT: If them 28 is marked, or Health and Day Indirect, or other traumatic event, the medical examiner must be notified at once.	
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91 05040 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AN		SIENE 9	05040			
	1. DECEDENT'S HAME (First, Middle, Last)				2. DATE OF DEA	TH DAY	3. TIME OF DEATH			
ľ	ELEANOR CA	THERINE	HOUCK		6 2 [™] / 2	3 7 1991	4:50 A _M			
	4. SOCIAL SECURITY HUMBER	The second secon	MON	UNDER 1 YEAR IF UNDER 24 H	(Month, Day, Y	ear)	BIRTHPLACE (State or Foreign Country)			
	217-12-9266	1 □ M 2 X F 66	YRS.		Aug. 11	, 1924 N	laryland			
~	9a. FACILITY HAME (If not institution, give s		9b.	CITY, TOWN OR LOCATION (9c. COUNTY				
DIRECTOR	THE JOHNS HOPK	LNS HOSPITAL		BALTIMORE C	LTY	BALT	IMORE			
EC	10a. STATE 10b. COUNT	Y	10e. CITY, TO	WN OR LOCATION			10d. IHSIDE CITY LIMITS?			
	Maryland Balti	more	Dunda	lk			1 YES 2 X NO			
FUNERAL	10e. STREET AND NUMBER		OF WHAT COUNTRY?							
Ë	6821 Holabird Ave			21222		u.s.				
5	11. MARITAL STATUS 1 Hever Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 1 NO	exican, Puerto Rican, e	HIC ORIGIH? (Specify Yea or No— 14. RACE — American India in, Puerto Rican, etc.) 14. RACE — American India Black, White, etc.					
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES .	1 ☐ YES 2 X NO S	Specify:		Specify: White			
G	15. DECEDENT'S EDU		16a. DECEDENT'S USU	IAL OCCUPATION	16b. KIHD C	OF BUSINESS/IHDUS				
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rel	done during most of working ired.)						
MPL	7 years		Inspec			s Illinoi	s			
COMPLETED	17. FATHER'S HAME (First, Middle, Last)				S HAME (First, Middle, A					
BE	William Heim 19a. INFORMANT'S HAME (Type/Print)		Manage de result que s		menia Har					
2	Linda E. Adams			cress (Street and Number or F Labird Avenu						
	20a, METHOD OF DISPOSITION	200		ON (Name of cemetery, cremator		MD 212				
	1 X Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	round from Ctate	other place)							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Oak Lawn Cemetery 2/26/1991 Baltimore, Maryland 22. HAME AHD ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc.									
	Brian T. Chisholm	5/1	116							
	23. PART i. Enter the diseases, or		the deeth. Do not	7922 Wise A	such as cerdiec pr	respiratory arres	t, Approximete			
	shock, or heart fellure.	Liet only one cause on e	ech line.				interval Between Onset end Deeth			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) • Condition The following the follo									
	resulting in death)	DUE TO OR AS A	CONSCOUENCE OF):	1		,				
N	Tweeks									
ATI	if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				İ			
임	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	COHSEQUENCE OF):			·				
CERTIFICATION	resulting in deeth) LAST	d.								
	PART II. Other eignificent condition	ne contributing to death h	ut not regulting in t	he underlying course glyg	o lo Bert i 24e V	WAS AH AUTOPSY	24b. WERE AUTOPSY FINDINGS			
CAL	PART II. Other eignincent condition	The Contributing to death b	at not resulting in t	ine disdellying couse give	P	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
EDI					10	YES 2 NO	OF DEATH?			
Σ							T I TES ZAJ NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEAT	H (Check only one)					
Sic	EXAMIHER?	HOSPITAL: 1 Inpetient 2 ER/Outs		THER: Nursing Home 6 Resident	enca 6 Other (Spec	ffy)				
훉	27. MAHNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DESCRIBE	HOW INJURY OCCUI	RED			
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 N	0					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, etre- city)	it, factory, offica	26t. LOCATION .	(Street and Number of , State)	Rurei Route Number,			
COMPLETED	CONTROL OF THE STATE OF THE STA	SICIAN: To the best of my know								
Ö	MEDICAL EXAMIN	ER: On the beals of examination	n and/or investigation, i							
29c. LICENSE NUMBER 29d. DATE SIGNED (M										
2	30. HAME AHD ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Pri	nt)		rec	0 65 1771			
	Karin F. C. L.L.	2:00 Det A	estesta /C.	rtred are De	Ans/hokin	the out	of			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	ווניץ כאובי טו	July July of W	مرابع الم	7			
	FEB 27 19	91 Luke Sais	dron-Randell							





TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

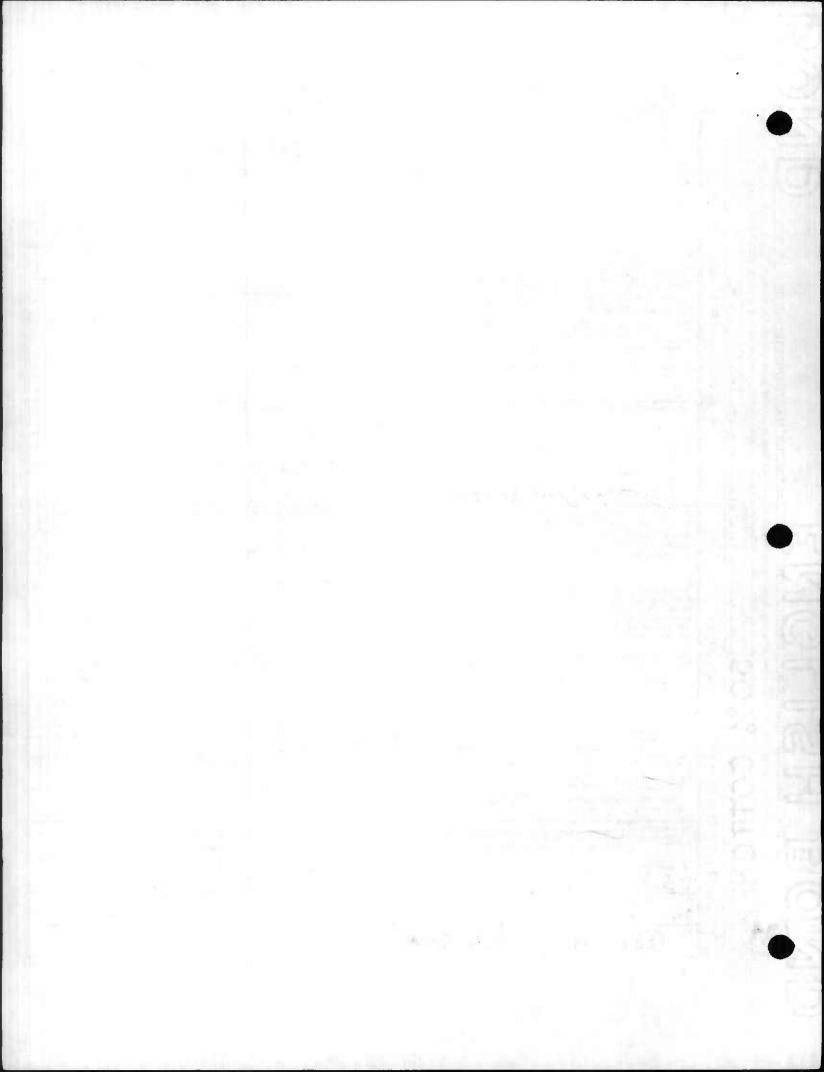
91 05041

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE C	F DEATH	RE	G. NO.			
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY	WEAR	3. TIME OF OEATH	
James Franklin	Jett				2-25-1		YEAR	1230 M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	F UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIF	RTH	8. BIRT	HPLACE (State or Foreign	
215-10-5491	1 € M 2 □ F 8	5 YAS.	ONTHS DAY	N OR LOCATION OF O	May 5,	1905	V1	rginia	
Baltimore County				11stown	EATH			re County	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c CITY 7	TOWN OR LO	CATION				10d. INSIDE CITY	
Maryland Howar	rd			City				LIMITS? 1 YES 2 NO	
9602 Rt. 99				101. ZIP CODE 21043		10g. CIT		WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	₽ (∑NO	If yes					RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of won life. Do NOT use r	k done during	ATION most of working	16b. KIND	OF BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 8+)				77277	4 T	n 1 1 1	1 -	
6th Grade		Carpente	r	in the second second second		iam E.	кіаа	Te	
, , , , , , , , , , , , , , , , , , ,				18. MOTHER'S NA					
John Jett 19a. INFORMANT'S NAME (Type/Print)			area una		Unknow				
				et and Number or Rural	ALCOHOL IN THE				
Mrs. Margaret Jet		b. PLACE AND DATE O		Ellicott			0 .0		
1 № Burial 2 □ Cremation 3 □ Rem	oval from State	namatani aramatani ar	other placel		DATE 20c. LOCATION — City or Town, State 2/27/91 Ellicott City, MD				
4 Donation 6 Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LIC		ood Snepne	22 NAM	E AND ADDRESS OF FA	/4//91 ////	EIIIcot	t C1	ty, MD	
· Souply	W. Kolls	ier	Lori	ng Byers Liberty	Funera1				
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	Or t	a Dan	0			Onset and Death	
PART II. Other eignificent condition		but not resulting in	the underl	ying cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			20	B. PLACE OF DEATH (C	neck only one)				
EXAMINER?	HOSPITAL:		THER:	Home 5 🗆 Residence	6 Other (Spe	clfv)			
27. MANNER OF DEATH 1 Netwel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c.	INJURY AT WORK?		E HOW INJURY O	CCURED		
2 Accident Investigation 3 Suicide S Could not be determined	Y — At home, farm, streedly)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
one) 2 MEDICAL EXAMINE	CIAN: To the best of my kno							(a) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIED	9- 000	0		29c. LICENSE NU	MBER	29d. DA	TE SIGNE	D (Month, Day, Year)	
Kill Blue	mount	V		1) 11	1) [213-	17/	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P		naces	700	N. n	0	28116	
FEB 27 1991	12. REGISTBAR'S SIG	MATURE Handall							





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the buspital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CERTIFICATE	OF DEAT	TH		REG. NO.

_	REGISTRAR	CENTIF	FICALE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	JOHN	SON	2. DATE OF DEATH MONTH DAY 2 - 22 -	9 YEAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. AGE (In yrs. last birthday) F & S YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-22-22	8. BIRTHPLACE (State or Foreign Country)					
TOR	9a. FACILTY NAME (If not institution, give street and nur	HOSP	96. CITY, TOWN OR LOCATION OF D		PC. COUNTY OF DEATH RALTO					
. DIRECTOR	10a. STATE 10b. COINTY	10c. CI	BALTIMO		10d. INSIDE CITY LIMITS? 1 Pres 2 No					
FUNERAL	5421 PRICE AU	ie	101. ZIP CODE 2/2/		10g. CITIZEN OF WHAT COUNTRY?					
à l	1 Name Married 2 To Married FORCE	ECEDENT EVER IN U.S. ARMED ES? 1 S 2 NO , GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuber, Mexic 1 YES 2 TO Specify Sp	14. RACE — American Indian, Black, White, etc. Specify: HEGRO						
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College ((Give kind of life. Do NOT	S USUAL OCCUPATION I work done during most of working use retired.)	16b. KIND OF BUSINESS	S/INDUSTRY					
	17. FATHER'S NAME (First, Middle, Last)	1		ME (First, Middle, Meigen Surnan						
TO BE	190 INFORMANT'S NAME (Type/Print)	A.	IG ADDRESS (Street and Number or Rure)	Route Number, City or Town, State	a, Zip Code)					
	20a. M57FIOD OF OISPOSITION 1 Burlel 2 Cremation 3 Removal from 5	20b. PLACE AND DA:	TE OF DISPOSITION (Name of the page)	200	N — City or Town, State					
	4 Donation 5 Other (Specify)	- COURCE	22. NAME AND ADDRESS OF F	NCHTY P	CESTER VA					
- 1	Voseph L	Russ	2722 W. No	RUSS P. 14 RETIX AUX	21216					
	23. PART I. Enter the diseases, or complicett shock, or heart fellure. List only immediate cause (Finel disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE	OF):	ch es cerdiec or respiratory	y srrest, Approximate Interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
EDICAL	PART II. Other significent conditions contribution	iting to deeth but not resulting	g in the underlying ceuse given in	Part I. 24s. WAS AN AUTO PERFORMED? 1 YES 2 N	AMAILABLE PRIOR TO COMPLETION OF CAUSE					
NAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)						
PHYSICIAN: M	1 YES 2 NO 1 Inpet 27. MANNER OF DEATH 26e.	DATE OF INJURY 28b. To	OTHER: 4 Nursing Home 8 Residence IME OF NJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. OE\$CRIBE HOW INJURY	/ OCCURED					
TED BY	2 Accident Investigation	PLACE OF INJURY — At home, farm building, etc. (Specify)		281. LOCATION (Street and Nu City or Town, State)	eet end Number or Rural Route Number, tate)					
COMPLETED	const. oray		arred at the time, date and place, and du		CANADA TANADA CANADA CA					
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1	29c. LICENSE NI D207	JMBER 29d.	29d. DATE SIGNED (Month, Day, Year) 2 (22 (5)					
	30. NAME AND ADDRESS OF MERSON WHO COMPLE		120 Justey	Pierre D	r 20208					
	FEB 2.7 1991 Sunan	Dandson-Kandage								

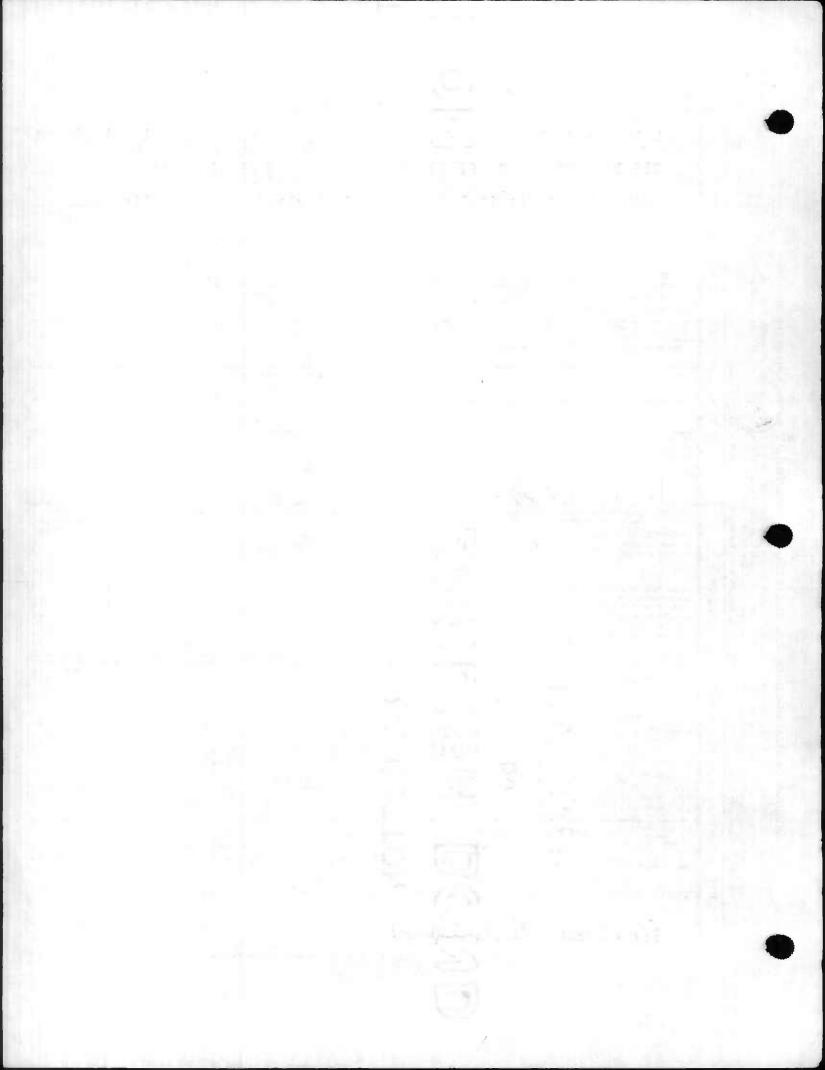


19-22-2 23614 1432 V 12-22-22 WHELVE 9 St Joseph J Hear Ma Visit SHOR ROBETHANIE L 12 113 GOVERNEN SECTIONALE LEMISON SHILLS MINE STREET MO JULE BARBARO MERTER VA 2824 as always Aug 2121 Stones Li Kuns

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1. DECEDENT'S NAME (First, Middle, Last)									OCATH		3. TIME OF OEATH	
AN EAST WHOLE THE STEEL CONTROL OF THE STEEL CONTRO								MONTH DAY YEAR				
Lola Mae Jei	nks							02	22	91	10:30 P	
	CONTRACT OF THE PARTY OF THE PA		s. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	R 24 HRS.	7. DATE OF E (Month, De	ry; Year)	Co	RTHPLACE (State or Foreign ountry)	
219-14-5632	Y Z	66						0.5		77.35		
9a. FACILITY NAME (If not institution, give str		4.7		9b. CITY			ON OF DE					
Sacred Hear	HOSPI	I.d.I				mne	clan				egany	
10a. STATE 10b. COUNTY			10c, CI	CITY, TOWN OR LOCATION							10d. INSIDE CITY	
	legany C	0.		Cumberland				400 CITITEN			1 YES 2 NO	
10e. STREET AND NUMBER					10	. ZIP COD	E	10g. CITIZEI			OF WHAT COUNTRY?	
220 Summerville Avenue						2	1502			J	JSA	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED							IC ORIOIN? (S		No- 14. R	IACE — American Indian, Black, White, atc.	
1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1 YES 2 NO						Specify		n, wic.)		Specify: white	
15. DECEDENT'S EDUC	DUCATION 16a, DECEDEN			I IIII O	CCHIDATE	OM		10	D OF BUSINE	EGG/INDUGTE		
(Specify only highest grade of		108	(Give kind of	work done	during me		ing	100. KIN	TO OF BUSINE	ESS/INDUSTR	17	
Elementary/Secondary (0-12)	College (1-4 or 5 +							**	1			
12+		Re	eg Nur	se				_	emaker			
17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NAI	ME (First, Midd	Ne, Malden Sun	mame)		
JOHN BUSKIRK						JAI	NET E	BUSKIR	K			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street	and Numbe	r or Rural F	Route Number, (City or Town, S	State, Zip Code)	
Pamela Jenks		Daug	103	Washi	ingt	on St	t 2C	Cumbe	rland,	MD 2	1502	
20a. METHOD OF OISPOSITION 1 Burlal 2 Cremetion 3 Remo	val from State			TE OF DISF	hington St 2C,			DATE	,	or Town, State		
4 Donation 5 Doner (Specify)		- 0.001110	orany, oraniaron	y or omar ,	,,,,,,							
21. SIGNATURE OF FUNEAAL SERVICE LICE		3 0 1		. 22.	. NAME A	ND ADDRE	200 01 174					
23. PART I. Enter the diseases, or co	Ronal mplications that	2/	Vade, D. 26/91 a death. Do	ir 6	555 T	Vest	Balti	Sta moreSt	treet,	Balto	Board ,MD 21201 Approximate	
23. PART I. Enter the diseases, or coehock, or heart feliure. L	Ronal mplications that only one cau	2/ t caused the	26/91 a death. Do line.	not anta	555 T	VestI	Balti /ing, such	Sta moreSt	treet,	Balto tory arreat,	, MD 21201 Approximata interval Between	
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23. PART I. Enter the diseases, or contended, or heart feilure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions Characteristics and the conditions of the cond	Ronal Omplications that List only one cau DUE TO DUE TO DUE TO	t caused these on sech con sec	26/91 a death. Do ifine. Symulu NSEOUENCE (not enter not enter nor): OF): OF):	From the more than the more th	VestEnde of dy	Balti ving, such	Stamorest haacardiac Mu Part 1. 24	treet,	Balto tory arreat,	, MD 21201 Approximate interval Between Onset end De De De De De De De De De De De De De	
23. PART I. Enter the diseases, or contended, or heart feliure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions where it is the conditional contended to the conditional conditions where it is the conditional conditions where it is the conditional conditions where it is the conditional conditions where it is the conditional conditions where it is the condition of the conditional conditions where it is the conditional conditions where it is the conditional conditions where it is the conditional conditions where it is the conditional conditions where it is the conditional conditions where it is the conditional conditions where it is the conditional conditions where it is the conditional conditions where it is the conditional conditions where it is the conditional conditions where it is the condition of the conditional conditions where it is the conditional conditions where it is the conditional conditions where it is the conditions where it is the condition of the conditions where it is the condition of the conditions where it is the condition of the conditions where it is the condition of the condition of the conditions where it is the condition of the condition of the condition of the conditions where it is the condition of the conditi	Ronal Omplications that List only one cau DUE TO DUE TO DUE TO	t caused these on sech con sec	26/91 a death. Do line. SMALL NSEOUENCE (NSEOUENCE (NSEQUENCE (not enter not enter nor): OF): OF):	inderlying	WestEnde of dy	given in	StamoreSt haa cardiac	col	Balto tory arreat,	, MD 21201 Approximate interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	
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23. PART i. Enter the diseases, or control of the condition of the conditi	Ronal Multiple of the cauchy one	t caused thisse on sech Reg (OR AS A CO SCULU (OR AS A CO death but r	26/91 a death. Do line. SMALU NSEQUENCE (not antal my opp: opp	inderlying 26. PER:	NestEnde of dy	Balti ying, such	StamoreSt haa cardiac	col	Balto tory arreat,	, MD 21201 Approximata interval Between Onset end De De De De De De De De De De De De De	
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23. PART i. Enter the diseases, or content of the property of	Ronal Melications that its only one cau DUE TO DUE TO DUE TO A contributing to A contributing to HOSPITAL: 1 pinpatient 2	t caused these on sech less on	26/91 a death. Do line. SMALL NSEOUENCE C NSEQUENCE C NSEQUENCE C NSEQUENCE C NSEQUENCE C	not antai	inderlying to the more than th	Vestered of dy color of the col	given in	Part I. 24	cold a. WAS AN AU PERFORME YES 2	Balto tory arreat,	, MD 21201 Approximata interval Between Onset and De De De De De De De De De De De De De	
23. PART I. Enter the diseases, or contended, or heart feilure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions **Comparison of Comparison Ronal Melications that it is not only one cau DUE TO DUE TO DUE TO A contributing to A contributing to A contributing to A contributing to A contributing to A contributing to A contributing to A contributing to A contributing to A contributing to A contributing to A contributing to A contributing to A contributing to A contributing to A contributing to A contributing to	t caused the see on sech caused the see on sech caused the see on sech caused (OR AS A CO) (OR A	26/91 a death. Do line. SMALL NSEOUENCE C NSEQUENCE C NSEQUENCE C NSEQUENCE C NSEQUENCE C	orp: orp:	indertying 26. PC	Vested and a state of dy cause of the state	given in	Part I. 24 Part I. 24 1 cock only one) 6 Other (S) 28d. OESCRI	col	Balto lory arreat,	, MD 21201 Approximata interval Between Onset and De De De De De De De De De De De De De		
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23. PART i. Enter the diseases, or content of the condition of the cause. Immediate cause in the	Ronal Melications that it only one cau DUE TO DUE TO DUE TO DUE TO A contributing to A contributing to A contributing to A contributing to Can be building.	t caused thise on sech Region As A CO (OR AS A CO (OR	26/91 a death. Do line. SMALL NSEQUENCE (not antai not antai	inderlying time, date	Vesteroda of dy	given in DEATH (Ch	Part I. 24 Part I. 24 1 28d. OESCRI 28f. LOCATIC City or 1	a. WAS AN AU PERFORME YES 2 DOI: (Street and own, State)	Balto tory arreat, JTOPSY ED? NO No Number or Re Number or Re	Approximate interval Betwee Onset end De Ons	
23. PART I. Enter the diseases, or cehock, or heart feliure. Lehock, o	RONA I Complications that ist only one cau DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO CAN: To the best of a R: On the basis of a	t caused thise on sech Region As A CO (OR AS A CO (OR	26/91 a death. Do line. SMALL NSEQUENCE (not antai not antai	inderlying time, date	Vesteroda of dy	given in DEATH (Ch	Part I. 24 Part I. 24 1 28d. OESCRI 28f. LOCATIC City or 1	a. WAS AN AU PERFORME YES 2 DOI: (Street and own, State)	Balto tory arreat, JTOPSY ED? NO No Number or Re Number or Re	, MD 21201 Approximata interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	
23. PART i. Enter the diseases, or cehock, or heart feliure. Lehock, o	RONA I Complications that ist only one cau DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO CAN: To the best of a contributing to building.	t caused thise on sech Region As A CO (OR AS A CO (OR	26/91 a death. Do line. SMALL NSEQUENCE (not antai not antai	inderlying time, date	Vested and of dy culcular and place death occur and place death oc	given in DEATH (Ch. Residence	Part 1. 24 Part 1. 24 1 a cock only one) 6 Other (S) 28d. DESCRI	a. WAS AN AUPERFORME YES 2 ON (Street and fown, State)	Balto lory arreat, TTOPSY ED? I Number or Re I Number or Re or as stated. due to the car	Approximata interval Betwee Onset end De Ons	
23. PART I. Enter the diseases, or cehock, or heart feliure. Lehock, o	RONA I Complications that ist only one cau DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO CAN: To the best of a contributing to building.	t caused thise on sech Region As A CO (OR AS A CO (OR	26/91 a death. Do line. SMALL NSEQUENCE (not antai not antai	inderlying time, date	Vested and of dy culcular and place death occur and place death oc	given in DEATH (Ch	Part 1. 24 Part 1. 24 1 a cock only one) 6 Other (S) 28d. DESCRI	a. WAS AN AUPERFORME YES 2 ON (Street and fown, State)	Balto lory arreat, TTOPSY ED? I Number or Re I Number or Re or as stated. due to the car	Approximate interval Betwee Onset and De Ons	



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within & nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transful be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OTALL OF MIN	CE	RTIF	ICATE OF	DEATH		REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)	-	- 1.					OF DEATH		EAR	3. TIME OF DEA	
	Irene	Irene	Jenkins	Eir	2/		MON1			/	4 40	PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (in yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE	OF BIRTH	0.		LACE (Stete or F	oreign
	218-26-2494	1 □ M 2 💢 F	80	YRS.	MONTHS DAYS	HOURS MIN.	(Mon	12/7/10)	Country)	Md.	
- 1	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF			9c. COUNTY	OF DE		
8	Joseph Richie He	ome			Ro1+	imore	2					
5	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR LOCA	10d. INSIDE CITY LIMITS?						
	Md.			Baltimore							1 XYES 2 _	NO
A	10e. STREET AND NUMBER	20.1		101. ZIP CODE 21217							HAT COUNTRY?	
FUNERAL	828 Eutaw Place						US.			A		
5	11, MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 FIN			MED 13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexican			PANIC ORIGI	N? (Specify Yee Ricen, etc.)	or No- 14	. RACE Black,	- American Ind White, etc.	lan,
ВУ	1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES					3 2 NO Spe		fy: Sp				
1		l	40. 00	0000000		-	1 40	b. KIND OF BUS	INTEGE INITIALIS		ack	
1	15. DECEDENT'S EDI (Specify only highest grad	le completed)	(G/	ve kind of	USUAL OCCUPATI work done during m se retired.)	ost of working	10	B. KIND OF BUS	iness/indus	INT		
اچ	Elementary/Secondery (0-12)	College (1-4 or 5 +)										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					10 MOTHED'S	NAME (Class	Middle, Meiden	Company 1			
	Frank Johnson							Johnson				
H	19e. INFORMANT'S NAME (Type/Print)		101	MAII IN	ADDRESS (Street					orie)	-	
2	Charlotte Jenk:	ina			N. Aug							
			20h PLACE		SITION (Name of co				CATION — CIT		wn State	
	29e. METHOD OF DISPOSITION 20b. PLACE 20ther fall 20ther (Security) 20ther (Securi				Hill	minerally, Cremetory	or .	Brooklyn, Md. A.A.				
	21. SIGNATURE OF FUNERAL SERVICE L		22. NAME AND ADDRESS OF FACILITY							-		
	1 / 10	_	Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217									
	lice	(1 asi	es								1217	
	23. PART I. Enter the diseases, or shook, or heart failure	Complications that	could the de	eth. Do	not enter tha m	ode of dying, a	uch es ca	rdiac or respi	ratory arres	t,	Approxim	
	IMMEDIATE CAUSE (Final	_	1								Onset an	
	disease or condition resulting in death)	RENAL	FAILL	-26								
	DUE TO (OR AS A CONSEQUENCE OF):											
z	Cheide Anders											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CECES AND PROBLEM CONSCIUENCE OF:											
2	cause. Enter UNDERLYING CAUSE (Disease or injury		CMGD 1.1					_				
	that initiated events OUE TO (OR AS A CONSEQUENCE OF):									i		
H I		d										
	PART II. Other significant condition	ons contributing to d	seeth but not i	resulting	In the underlyl	ng cause given	In Part I.	24s. WAS AN		24b.	WERE AUTOPSY	
DICAL								PERFOR			COMPLETION OF OF DEATH?	
MED								-			1 YES 2	NO
2												
AN	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH	(Check only	one)		-		
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	me 5 🗌 Resider	ce 6 X4.01	her (Specify)	Hesero	: 6		
H	27. MANNER OF DEATH	28a. DATE OF I	NJURY	26b. TI	ME OF 28c. II	JURY AT		ESCRIBE HOW I	NJURY OCCU	RED		
	1 Natural 5 Pending	(Month, Day	y, Year)			YES 2 NO						
ВУ	2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE OF	INJURY — At he	ome, farm	street, factory, off	ice	261. LC	CATION (Street	end Number or	r Rural F	Poute Number,	
Ш	4 Homicide determined				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
Ë	29e. CERTIFIER											
COMPLETED	Check only	NER: On the basic of ex									a) end menner ar	atated.
	200. SIGNATURE AND TITLE OF CENTIF		\			29c LICENSE	MIMRER		29d DATE A	RIGNEO	Month Day Yes	
BE	The MI	muler &	2	STATE	F BHKIRM	A STENSE	12790	3	▶ 2	ZJ	91	7
2	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUS	E OF DEATH (ITE	M 27) (To	oe, Print)		1 200	-	,			
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) CHARLES OND NOTATION TO TOURSE OF DEATH (ITEM 27) (Typo, Print) CHARLES OND NOTATION TO TOURSE OF DEATH (ITEM 27) (Typo, Print)						820 A.	ELTAW	5-	212	10		

A. BEGISTBAR'S SIGNATURE
FUND DEVILOR RANDAM

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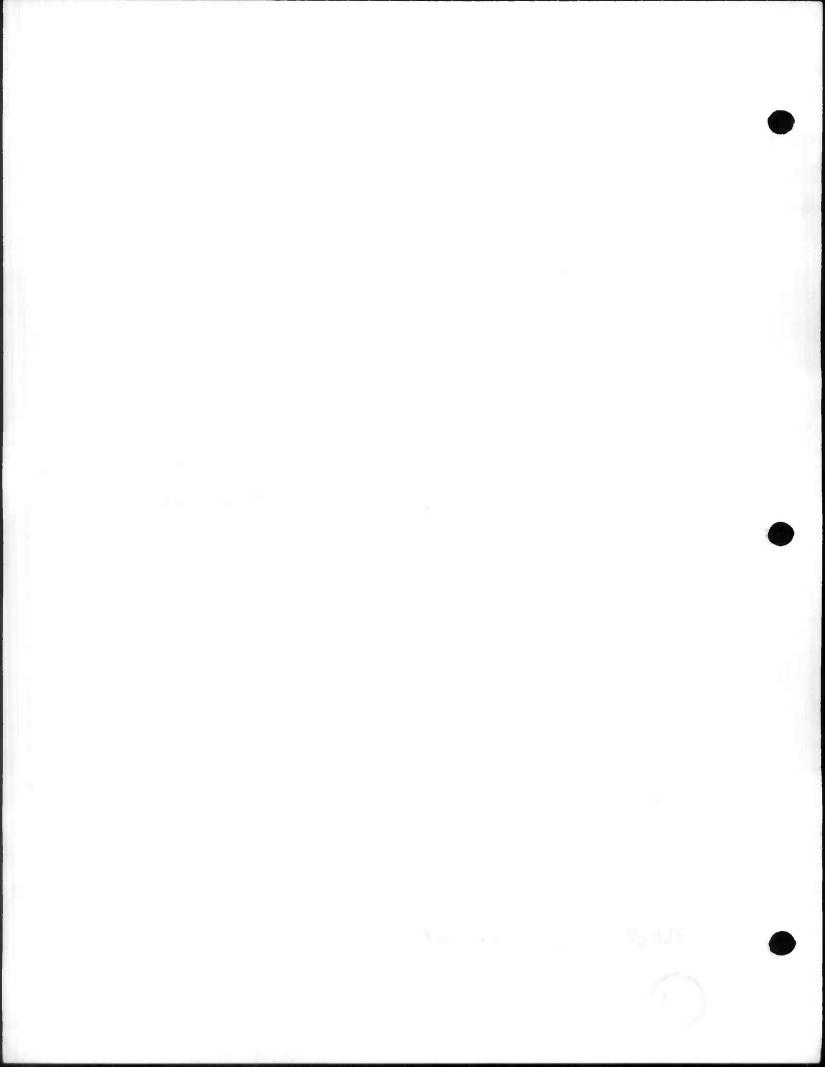
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

FOR	STATE OF I	MARVI AND	/ DEPAR	TMENT OF H	IFAITH AND I	MENTAL HYGIEN		91	05045
1 - STATE REGISTRAR				CATE OF		REG. NO			
1. DECEDENT'B NAME (First, Middle, Last)	Ruth	Y		Jones		2. DATE OF DEATH MONTH February	18,	1991	3. TIME OF DEATH 12:20pm
4. SOCIAL SECURITY NUMBER	5. BEX	6. AGE (in yrs. i		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRT	
220-07-5606 9e. FACILITY NAME (If not institution, give	1 M 2 X F	75	YRS.	9b. CITY, TOWN (OR LOCATION OF D	Jan 8, 191	7	Pe UNTY OF 0	ennsylvani DEATH
Maryalnd General	L Hospita	.1		Ba1t	imore Ci	ty			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY .		10c. CITY	r, TOWN OR LOCAT	TION				10d. INSIDE CITY
Maryland			Ba.	ltimore					LIMITS?
10e. STREET AND NUMBER				10	. ZIP CODE		*		WHAT COUNTRY?
1701 Eutaw Plac	12. WAS DECEDE	NT EVER IN U.S. A	ARMED	13. WAS DEC	21217	NIC ORIGIN? (Specify Ye		S. A	E - American Indian.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	I ☐ YES 2 X WAR OR DATES	NO	if yes, sp		n, Puerto Rican, etc.)		Spec	ck, White, etc.
15. DECEDENT'S EDI (Specify only highest grad	e completed)			USUAL OCCUPATION of the control of t		16b. KIND OF BU	ISINESS/II	NOUSTRY	
Etementary/Secondery (0-12)	College (1-4 or 5	+)	laitre			Village	of	Cross	s Keys
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Malder			
Samuel Hill					Yoma				
190. INFORMANT'S NAME (Type/Print) Verna Anderson						Aoute Number, City or Tox Baltimor		,	and 21207
20a METHOD OF DISPOSITION 2 ABurlat 2 Cremetion 3 Rev	20b. PLAC	E OF DISPOS		metery, cremetory or				Town, Blate	
4 Donation 6 Other (Specify)	novat from State		ern S	tar Ceme	etery				Maryland
21. SIGNATURE OF FUNERAL SERVICE L	C (Sail	w			Falls Par Marvland			Homes, Ir
23. PART I. Enter the diseases, or ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Sever	use on each II	onary	artery	disease		piratory :	srrest,	Approximate Interval Bate Onset and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c,	O (OR AS A CONS							
PART II. Other significant condition	o deeth but no	t resulting i	in tha underlyin		RMED?	Y 24	Ib. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL	T			20.0	ACE OF DEATH (C)				
EXAMINER?	HOSPITAL:	© ER/Outpatient	3 DOA	OTHER:	LACE OF DEATH (C)				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 Natural 5 Pending 28c. INJURY WORK? M 1 YES 2 NO								
3 Suicide a Could not by determined	28e. PLACE	OF INJURY — At 1, etc. (Specify)	home, ferm, a	street, factory, offic	: •	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
cond.						e to the cause(e) end m			(s) end manner ee atat
296. SIONATURE AND TITLE OF CERTIFIC Khudr Bur					29c. LICENSE NU	MBER 1/a	29d. D		ED (Month, Day, Year)
6. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C/O Maryland General Hospital									



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I OF VITAL RECORDS, P.O. BOX	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 05046

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIE		03040		
1. DECEDENT'S NAME (First, Middle, Last)	Lela S. J	enec					3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 212-20-7480	5. SEX 8. AGE	(In yrs. last birthday) 85 YRS.	F UNDER † YEAR BONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 12	05	BIRTHPLACE (State or Foreign Country) Virginia		
9a. FACILITY NAME (If not institution, give Dulancy Towse RESIDENCE OF DECEDENT				WSON	EATH	9c. COUNTY Ba	OF DEATH		
10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCAT				10d, INSIDE CITY LIMITS? 1 YES 2 NO		
	Waltham Wood 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	IN U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Y	U.S	N OF WHAT COUNTRY? S.A. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		He. Do NOT use	ork done during mo retired.)	on st of working	16b. KIND OF B	TRY			
17. FATHER'S NAME (First, Middle, Last)	TOME	maker		ME (First, Middle, Meide	,				
19a. INFORMANT'S NAME (Type/Print)	19a. INFORMANT'S NAME (Type/Print)				Alice Route Number, City or R				
20a. METHOD OF DISPOSITION 1 [XBuriel 2 Cremation 3 Rer 4 Donetion 5 Dither (Specify) 21. SIGNATURE OF PUNERAL SERVICE L	moval from State	other place)	TION (Name of cer	0.40:	7/91 Ba	OCATION — CITY	ā		
23. PART I. Enter the diseases, br	Schafu fr	d the death Death			Funeral	Home,			
ehock, or heert failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Interval Between Onset and Daath A. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CALL A. A. DUE TO (OR AS A CONSEQUENCE OF): CALL A. A. CONSEQUENCE OF): CALL A. A. CONSEQUENCE OF): CALL A. A. CONSEQUENCE OF): CALL A.								
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): The sulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): The sulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): The sulting in death) LAST								
PART II. Other significent condition	ons contributing to death	but not resulting in	the underlyin	g cause given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)					
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		OF 28c. IN.	URY AT	6 Other (Specify) 28d. DESCRIBE HOV	INJURY OCCU	RED		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f.					BI. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
and and	SICIAN: To the best of my kno VER: On the bests of examinati						couse(a) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFI	mywh			29c. LICENSE NU	3 9 7	29d. DATE S	SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON W	ctian M D	2319 .т	Print)	212	34				



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and the first tree

FOR STATE

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

funeral filled in by the fucremation, completely burial, and by signed the requires MB

MAUDE IFTER
4. SOCIAL SECURITY NUMBER a. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS MONTHS DAYS 1 🗌 M 2 💢 F 215-22-9921 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 2313 Ruth Avenue Edgemere permit. Pages 1 10h COUNTY 10c. CITY, TOWN OR LOCATION 10a STATE Maryland Baltimore Edgemere FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE Page 6 may be retained by the hospital or attending physiciand all director, page 5 should be detached for use as the burial-tralisit 2313 Ruth Avenue 21219 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TYES 2 THO BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple COMPLET Elementary/Secondary (0-12) College (1-4 or 6+) Domestic 17. FATHER'S NAME (First, Middle, Last) Willie Tucker notified at B 19a. INFORMANT'S NAME (Type/Print) 2 Thompson Marguerite 9 20s. METHOD OF DISPOSITION

1 Surial 2 Cremetion 3 Removal from State

4 Donetion 5 Other (Specify) must Baltimore Cemetery 22. NAME AND ADDRESS OF FACILITY medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Blova 24 hours after death. lik to no 23. PART I. Enter the diseases, or complications that against the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fallure. List only one as **IMMEDIATE CAUSE (Final** other traumatic event, the disease or condition runny resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION attending physician and ental Hygiene prior to bur Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING 2 certificate CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST 6 that the death the atten injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL any Shows pt. of PHYSICIAN: s certificate has be th the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? E e Hem L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate brouns after death with the State OTHER: 1 VES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 9 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? with L marked. 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 3 Suicide 8 Could not be - 66 COMPLETED 28 4 Homicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL FUNERAL I within 72 h = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 296. SIGNATURE AND TITLE OF CERTIFIER Q BE N 2

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Flype, Print)

Sula Dengara sig

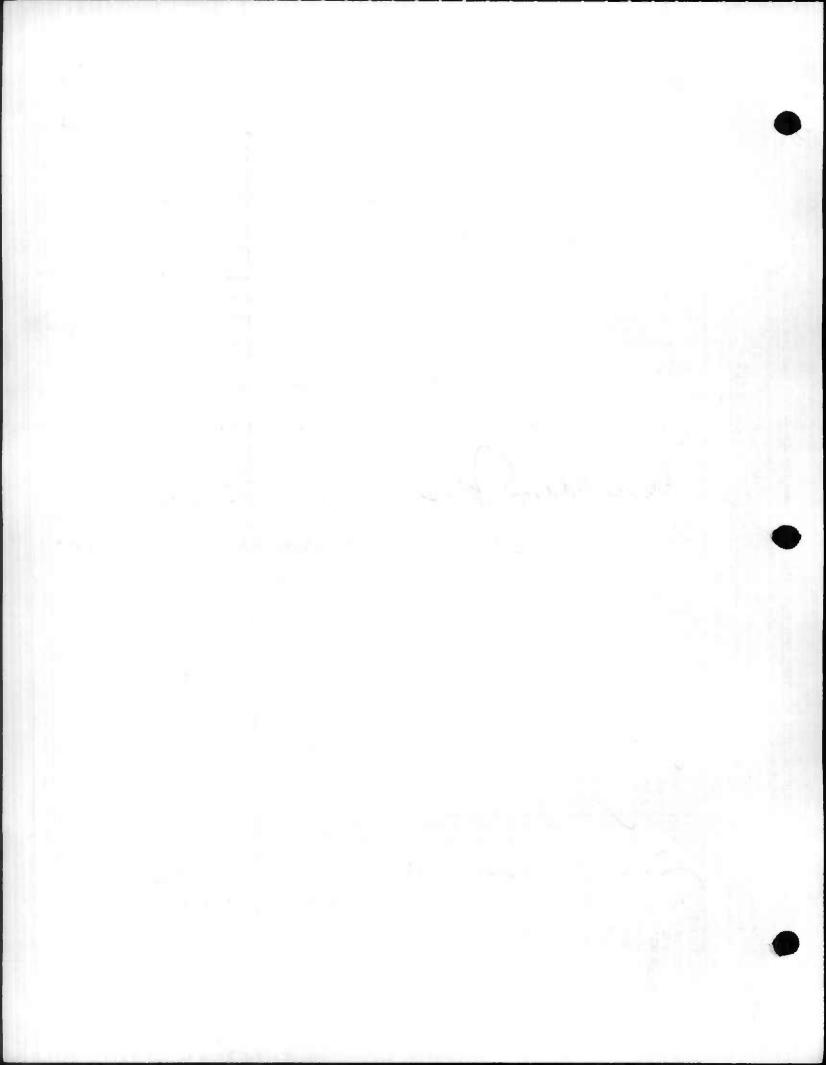
9 6

31. DATE FILED (Month, Day 1991

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 2. DATE OF DEATH MONTH 02-2 3. TIME OF DEATH 5x-91 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MIN. South Carolina May 12 1902 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or 14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Maxican, Puerto Rican, atc.) Specify Specify: R1ack 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Lyles 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2309 Ruth Avenue Edgemere MD 21219
20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, Stata Baltimore, MD Marshall W. Jones, Jr Funeral Home PA Approximate interval Between **Onset and Death** 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 THE 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 4 Nursing Home 5 Academon 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year)

9/12/5/8/ 29c. LICENSE NUMBER 2126



te hospital or attending physician. Tetrached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

O LO OF	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o			TOTIVE FUNE PAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in by the funeral director, page 5 should be do
	ner must b		and described	director nac
	al exami	oval.	and runding	the funers
	ne medic	on, or remi	filled in by	
	event, th	al, crematic	completely	
	narked, or Item 23 shows any Injury, or other traumatic event, the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	siclan and c	
	or other	Hygiene pi	sudd gulbus	
-	y Injury, 1	and Mental	oy me arre	the state of
	shows an	of Health	Ben Signed	*
	Item 23	State Dept.	cate has be	
	rked, or	with the S	this certific	
1	28 Is ma	after death	TOR: After	
	IMPORTANT: If Item 28 Is n	72 hours	PAL DIREC	
00 00	PORTANI	filed within	THE FUNE	
			1	ġ

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
	KIMBERLY		R	•]	KENNA	A			02		3		
	4. SOCIAL SECURITY NUME	ER	6. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, E	Day, Year)		8. BIRTI	HPLACE (State or Foreign
	160-60-637	7	1 □ M 2 X F	23	YRS.	MONTHS	LATS	Moons	mire.	OCT.	26 1	967		PENNA.
_	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	TOWN	OR LOCATION	ON OF OE	ATH		9c. COU	NTY OF E	DEATH
DIRECTOR	8400 GREEN	SPRIN	G AVENUE			BRO	OOKL	ANDV	ILLE			BA	LTIM	ORE
EG	10a. STATE	10b. COUNTY	,	-	10c. CIT	Y, TOWN C	R LOCA	TION	_	-				10d. INSIDE CITY
Ha	PENNA.					PL	UMBO	ORO						LIMITS?
	10e. STREET AND NUMBER						10	1. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	420	SUN VA	LLEY DRI	VE				152	39		U.S.A			S.A.
5	11, MARITAL STATUS		12. WAS DECEDED	T EVER IN U.S. AR	MEO					NC ORIGIN?		or No-		E — American Indian, ik, White, atc.
ВУ	1 Never Married 2 3 Widowed 4 Divo			MAR OR DATES				2 📉 NO			,,		Spec	WHITE
	Company Co.	EDENT'S EDU	CATION	16e DE	CEDENT'S	USUAL O	CCUPATI	ON		18h K	IND OF BUS	RINESS/IN	DUSTRY	WILLE
COMPLETED		y highest grade		(Gi		work done		ost of worldi	ng	1.02.1		J. 11 CO J. 11 C		
2	N/A		N/A	" s	SECURITY GUARD					C	COLLE	GE		
0	17. FATHER'S NAME (First, M	iddle, Last)			16. MOTHER'S N			HER'S NA	ME (First, Mic	idle, Maiden	Sumame)			
BE C	EDWARD L	. KENN	A, JR.						KATH	ILEEN	BLACK	7		
10 8	19a. INFORMANT'S NAME (Route Number				15000
F	EDWARD L.		, JR. (F						DRI	-	_			NA. 15239
	20a. METHOD OF DISPOSIT 1 Burlal 2 Crematic	n 3 Rem	oval from State	of cemetery	cremator	crematory or other place)					DATE 20c. LOCATION — City or Town, State			
IN.	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		CENSEE	_ WOODI	AWN	CEMETERY WILKENSBURG, PEN						, FEMNA.		
	· //		11				S	CHIMU	NEK	FUNER				2/1 07070
	23. PART LEnter the d	1 /	Colle	na										Md. 21213
		eert fellure.	s. MULTI	use on each line										Approximate Interval Between Onset and Death
z			b.											
CERTIFICATION	Sequentially list condit if any, leading to imme	diate	DUE TO	OR AS A CONSE	DUENCE O	F):								
5	cause. Enter UNDERLY CAUSE (Disesse or Inju		C. DUE TO	OR AS A CONSE	CONSEQUENCE OF):									
Ē	that initiated events resulting in deeth) LAS	т		(OII AO A CONTOC	0021102 0	. ,.								
			d											
MEDICAL	PART II. Other algolfica	ent condition	ns contributing to	deeth but not i	resulting	In the u	nderlyir	ng cause	given in	Part I. 2	PERFO		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8											TARS :	NO		OF DEATH?
										_				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED 1	O MEDICAL					00.5	W 405 05 5	DEATH (C)					
CI	EXAMINER?	OMEDICAL	HOSPITAL:			OTHE	R:			heck only one)				
HYS	27. MANNER OF OEATH		28a. DATE O	☐ ER/Outpetlant 3 F INJURY	28b. TIR			me 5 □ R	esidenca	85 Other	Specify)	INJURY O	CCURED	
		Pending		Day, Year)	IN	JURY 15a	W	ORK? YES 2	□ NO					THE ELABORATION
) BY	2 Accident 3 Suicide	Investigation Could not be	28e. PLACE	OF INJURY - At he			tory, offi	lce		28f. LOCAT	ION (Street	and Numb		IN WATER Route Number,
TE	4 Homicide	i, etc. (Specify) TTMOTH	v sci	TOOE					Town, State		DTNC	AVENUE		
J.E	29a. CERTIFIER (Check only	of my knowledge, de			time, dat	ta and plac	e, and due					ANCEROLE		
COMPLETED	the state of the s										(a) and manner as stated.			
E C	29 SIGNATURE AND TITL				29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)			
0	Mayour	Vone	ynu						OCME.		02/24/1991			2/4 / 100 1
5	30. NAME AND ADDRESS C				M 27) (Typ	e, Print)								// 1331
	MAGMAI	W 17	· was		n	111	PEN	N ST	REET	BALT	IMORE	MA	RYLA	ND 21201
	31. DATE ELLED (MONTH), Copy, Your) SE REGISTER'S SIGNATURE FLB 2.7 1991 Fulla Navidon - Pandall													

And Marie Marie

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netfilled at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE

REGISTRAR			CI	RITIFI	CATE	OF D	EATH		REG. NO.			
1. DECEDENT'S NAME (First HEL	LINE TO STATE	IE KNESE						2. DATE MONT Fek		1991	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 473-60-0668		5. SEX 1 M 2 X F	6. AGE (In yrs. les		IF UNDER 1 YE		UNDER 24 HRS. URS MIN.	(Mont	of BIRTH h, Day, Year) . 25,19	01	& BIRTHP Country) Miss	
9a. FACILITY NAME (If not is		treet and number)			96. CITY, TO	WN OR LO	CATION OF DE		,		TY OF DE	
Manor Care	Towson				Tows						timor	
10a. STATE	10b. COUNTY	r		10c, CITY.	TOWN OR L	OCATION						IOd, INSIDE CITY
Maryland	Balt:	imore			onium						,	LIMITS?
2508 Lawns:		•				101. ZIP	093				S.A.	IAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 7 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 3		If ye	s, specify	ENT OF HISPAN Cuban, Mexica NO Specify	n, Puerto		or No—	Specify.	
	EDENT'S EDU		(G	ive kind of wo	JSUAL OCCU	PATION ng most of	working	168	. KIND OF BUS	SINESS/INDI	Whi USTRY	ce
Elementary/Secondary (0-12)	College (1-4 or 5 a	-) ///	omema	retired.)				Own H	Ome		
17. FATHER'S NAME (First, A	Siririto I noti		- 11	Omema	REL	140	MOTHER'S NA	ME (Sint				
Joseph Eise							ary Br		moure, mercen	Connection)		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St	treet and A	umber or Rural I	Route Num	ber, City or Tow	n, State, Zip	Code)	
Elaine A.		n -			as #1		IIV)					
20a. METHOD OF DISPOSIT 1 ☐ Burlal 2 ☐ Cremati 4 ☐ Donation 5 🌣 Other	NON on 3 □ Sem (Specify)En	oval from Stale	other pi	ace)			2/28/9	1		CATION — C		n, Stata Missouri
21. SIGNATURE OF PURILIVE 21. SIGNATURE OF PURILIVE 22. PART I. Enter the control of the control	L SEMMENT	CHISEE / CO.			Ruc]	ME AND A	WSON FU	unera	al Home	e, In	10!	50 York Road
IMMEDIATE CAUSE (Fi disease or condition resulting in death)	nal (. Cerebro	OUDSCU (OR AS A CONSE	lar QUENCE OF	dis	ease						Pags,
Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	diata ING ury	DUE TO	(OR AS A CONSE	QUENCE OF								7
PART II. Other algnific	ant condition	e contributing to	death but not	resulting in	the under	rlying ca	use given in	Part I.	24a. WAS AN PERFOI 1 YES 2	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PLACE	OF DEATH (Ch	eck only o	ne)			
1 TES 2 NO		1 Inpetient 2	ER/Outpatient	□ DOA		Home 5	Residence	6 🗆 Oth	er (Specify)			
	Pending Investigation	26a. DATE OF (Month, D		28b. TIME	JRY	WORK?		28d, DE	SCRISE HOW	INJURY OCC	CURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building,	F INJURY — At he etc. (Specify)	ome, farm, st	treet, fectory,	, office			CATION (Street or Town, State)		or Rural Ro	ute Number,
and any		ICIAN: To the best of a										and manner as stated.
29b. SIGNATURE AND TITE	46	Ph	m			29	D-170	MBER 73 (SIGNED	Month, Day, Year)
Marc I.	Leav	ez moz	SE OF DEATH (ITE	27) (Type,	Sler	Drie	re q	Balt	imure	NOT	21	204
31. DATE FILED (Month, Day	27 19	0 .	AR'S SIGNATURE 2 Davidson									
				-								DUMBI 40 Day 4400

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.) THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1. 2, 3 should if the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furbe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other	

91 05050 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

,	SARA	S.	KARCHER		2. DATE OF DEATH DAY O2 21	year 91 10:30P M		
- 1	4. SOCIAL SECURITY NUMBER			FUNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign		
	211-20-8645	1 🗆 M 2 💢 F	85 YRS.	INTHE DAYS HOURS MIN.	(Month, Day, Year) 09-05-05	MARYLAND		
	9a. FACILITY NAME (If not institution	, give street and number)		b. CITY, TOWN OR LOCATION OF DE		COUNTY OF DEATH		
۳۱	GREATER BALT	IMORE MEDICA	L CENTER	TOWSON		BALTIMORE		
DIRECTOR	RESIDENCE OF DECEDENT							
뿐		COUNTY	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY LIMITS?		
		BALTIMORE		Towson		1 YES 2 X NO		
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE	10g.	10g. CITIZEN OF WHAT COUNTRY?		
		oten Garth		2120		U.S.A/		
2	11. MARITAL STATUS 1 Never Married 2 Married		YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica	n, Puarto Rican, etc.)	- 14. RACE - American Indian, Black, White, etc.		
E	3 TWidowed 4 Divorced	IF YES, GIVE WAF	OR DATES	1 YES 2 XNO Specify	<i>r</i> :	Specify:		
	15. DECEDENT	'S EDUCATION	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUSINESS	/INDUSTRY		
	(Specify only higher Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	t done during most of working stired.)				
립		1	Bookkee	per& Accountant	z ant	o. Dealership		
COMPLET	17. FATHER'S NAME (First, Middle, L	est)		18. MOTHER'S NA	ME (First, Middle, Maiden Surnan			
ш	Wi11	iam Single	v	Bert	ha Rymo	nd		
	19a. INFORMANT'S NAME (Type/Prin			DORESS (Street and Number or Rural	Route Number, City or Town, State	, Zip Code)		
임	James Karch	er	1105	Hampton Gartl	212	04		
- 1	20a. METHOD OF DISPOSITION 1X Burlal 2 Cramation 3	Removal from State	20b. PLACE AND DATE O		DATE 20c. LOCATION	— City or Town, State		
	4 Donation ther (Specif	w	Ph/11ipsbur	a_Cemetery	2/25/91 Ph	illipsburg, N.J.		
- 1	21. SIGNATURE OF TUNERAL SERV	ICE-NICERSEE	1/	22, NAME AND ADDRESS OF FA		rk Rd. 21204		
- 1	> // meld (A hade	Se	Ruck Towson	Funeral Home,			
	23. PART I. Enter the disease	s, or complications that o	caused the death. Do not	enter the mode of dying, suc	h as cardiac or respiratory	arrest, Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	e	gostive h	at faire	re	Interval Between Onset and Death		
Z	Sequentially list conditions,	b	R AS A CONSEQUENCE OF:	hoant dyes	Le.			
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING		TO A GONDEOUS OF J.					
E	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSEQUENCE OF):					
	resulting in death) LAST	4						
	DART II Oak ale-Marea				I			
MEDICAL	PART II. Other significant col		A STATE OF THE PARTY OF THE PAR	the underlying cause given in	Part I. 24a. WAS AN AUTOF PERFORMED?	AVAILABLE PRIOR TO		
ă	ptur co	notivo Vario	ulan acc	yent	1 TYES 2 NO	COMPLETION OF CAUSE DF DEATH?		
2			- / -			1 TYES 2 NO		
Ž								
SICIAN	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:	To	28. PLACE OF DEATH (Ch	eck only one)	ρ. σ		
1×S	1 TYES 2 NO		ER/Outpatient 3 DOA 4	☐ Nursing Home 5 ☐ Residence		Binc		
PHY	27. MANNER OF DEATH 1 Netural 5 Pendin	28a. DATE OF IN (Month, Day,		Y WORK?	28d. DESCRIBE HOW INJURY	OCCURED		
BÁ	2 Accident Investi	gation	INJURY — At home, ferm, stre	M 1 YES 2 NO	and LOGATION (Overaged No.			
	3 Suicide 8 Could 4 Homicide determ	not be building, et	c. (Specify)	ot, factory, office	281. LOCATION (Street and Nu. City or Town, State)	moer or nural rioute Number,		
	29a. CERTIFIER			XO.S.A. S.A. S.A.				
COMPL	(Check only	Control of the Contro		at the time, data and place, and due				
8	2 MEDICAL E		minimum and/or investigation,			to the cause(a) and manner as stated.		
8	29b. SIGNATURE AND TITLE OF CI	4 9 why	your in	29c. LICENSE NU	MBER 29d. →	DATE SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (TYPE, P	(301 W	Charles St	Both rige		
	31. DATE FILED (Month, Day, Year) FEB 2.7 1901	32. REGISTRAR	'S SIGNATURE					
- 1	LER 54 1881	House Name	. 70 d. en.					

DHMH-16 Rev 1/89



FEB 27 1291 Sharking 1921 73 837

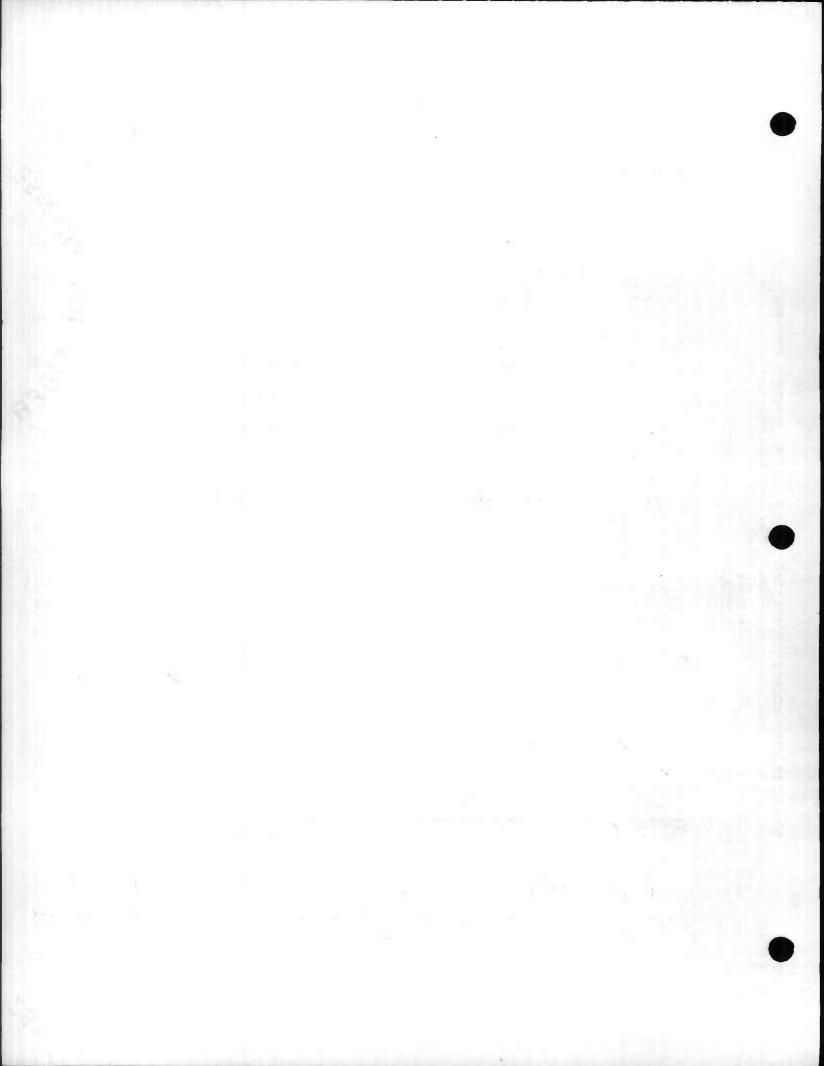
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within continuers after death. Page 6 may be retained by the retained by the target of the series of t

	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF I		MENTAL HYGI				
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	H	VEAD	3. TIME OF DEATH	
	Dennis E. Ki	rkner,:	Sr.			MONTH 2	DAY 22	97	440 PM	
	4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign	
	219-44-5281	1 XM 2 - F	44 YRS.	MONTHS DAYS	HOURS MIN.	Month, Day, Yea	- 1 /	Coun	MD	
	9e. FACILITY NAME (If not institution, give str	set and number)	, ,	96. CITY, TOWN	OR LOCATION OF DE	ATH CO/OL		INTY OF I	DEATH	
DIRECTOR	University Hospital Baltimore, City									
E I	10s. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?	
E	Maryland	Balto.		Ruxton					1 YES 2 NO	
	10e. STREET AND NUMBER				I. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?	
2	7900 Springway Road 21204 U.S.A.								Α	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13, WAS DE	CENDENT OF HISPAN				E — American Indian, ck, White, etc.	
	1 Never Married 23 Married	FORCES? 1 YES	2 NO	If yes, s	pecify Cuben, Mexica	n, Puerto Ricen, etc		Blad Spe		
B	3 Widowed 4 Divorced	IF TES, GIVE WAR ON DA	IES	, , ,	S 2 NO Specify	y:	White			
	15. DECEDENT'S EDUC	ATION		S USUAL OCCUPAT		16b. KIND OI	F BUSINESS/IN	DUSTRY	VIII-00	
E	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT (work done during ri use retired.)	ost of working					
2	1.2	Conege (1-4 or 5+)	Thomas	+ C-	notwooti.	an Ba	ltimor	0 0	0	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Inspec	cor = ce	nstructio	ME (First, Middle, Mt		E, C		
								- 2.2	100	
BE	19e. INFORMANT'S NAME (Type/Print)	<u>illiam F. Ki</u>			and Number or Bural	nifred D				
2	196. INFORMANT S NAME (Type/Frint)		190. MAILIN	G ADDHESS (Street	and Number of Murai i	nouse Number, City o	r rown, Stelle, Z	ip Cooe)		
	Mrs Patricia Le				Same as			1000		
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	oval from State	other place)	SITION (Name of c	emetery, cremetory or	20	c. LOCATION -	- City or	Fown, Stata	
	Donation 5 Other (Specify)		reland		2/25/91		Balt	0. M	ld.	
	21. SIGNATURE OF TUNERAL SERVICE LICE	PASEE /		22. NAME	IND ADDRESS OF FA	CILITY 105	0 Vork	Rd.	21204	
	> Wwell (Y)	Later Va		Dec =1	Towson					
\dashv	23. PART I. Enter the diseases, or c	ombileations that caused	the death Do						Approximata	
	shock, or heart fellura. I	list only one cause on ea	ch lina.	not and the tr	oda or dying, sao	iii aa oaloioo or	. oap.iiatory o	· · · · · · · ·	Interval Batween	
	IMMEDIATE CAUSE (Final	0 - 0-	0 00	1-04					Onset and Death	
	disease or condition resulting in death)	SERTI						1 WEEK		
	DUE TO (OR AS A CONSEQUENCE OF):									
2	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediata									
2	CAUSE (Disease or Injury	CAUSE (Disease or Injury C. ACVTE MYELOID LEUKEMIA 15 JE								
는	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):	8	1 . do E			>5 MINTHS	
E	resulting in death Exci	MYELO	DYSPLI	75116	JyN D.	120116			7.10101112	
	PART II. Other algnificant condition	a contributing to death br	ut not reaulting	in the underlyl	na ceuse alven in	Part I. 24a. W	AS AN AUTOPS	y 2	Ib. WERE AUTOPSY FINDINGS	
SAL							ERFORMED?		AVAILABLE PRIDE TO COMPLETION OF CAUSE	
MEDIC						¹ □ ¥	ES 2 NO		OF DEATH?	
Σ									1 YES 2 NO	
PHYSICIAN:										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQ6PITAL;		OTHER:	PLACE OF DEATH (C/	heck only one)				
S	1 TYES 2 NO	1 Inpatient 2 I ER/Outp	atient 3 DOA		me 5 🗆 Residence	6 - Other (Specifi	у)			
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. T	ME OF 28c. I	JURY AT	28d. DESCRIBE	HOW INJURY O	CCURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO					
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm	, street, factory, of	ice	28f. LOCATION (S City or Town,	Street and Numb	er or Run	I Route Number,	
TED	4 Homicide determined	- Landing otto (open					Otaloy			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowl	ledge death occu	reed at the time, de	te and piece, and du	a to the cause(s) or	od manner en e	totad		
MP	one)	R: On the besis of examination							e(s) and manner as stated	
8		1	T SILE OF INTESTINE	-						
ш	290, SIGNATURE AND TITLE OF CENTREE				29c. LICENSE NU		29d. D.	ATE SIGN	ED (Month, Day, Year)	
TO B	Mayer &	eyun M	.0).		1002	46		2	1-141	
F	30, NAME AND ADMINESS OF PERSON WIN	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Ty	pe, Print)					1	
	MEYER RITEVMA	N'MD UNI	V-OFM	D HOSE	? 22 5.	GREEN	2 5%.	BAU	-10 MD. 21201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE 10	2.00.	•					
	FEB 27 199	III grita Davi	ason-Nano	doc.						



Sendelinant Principal



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

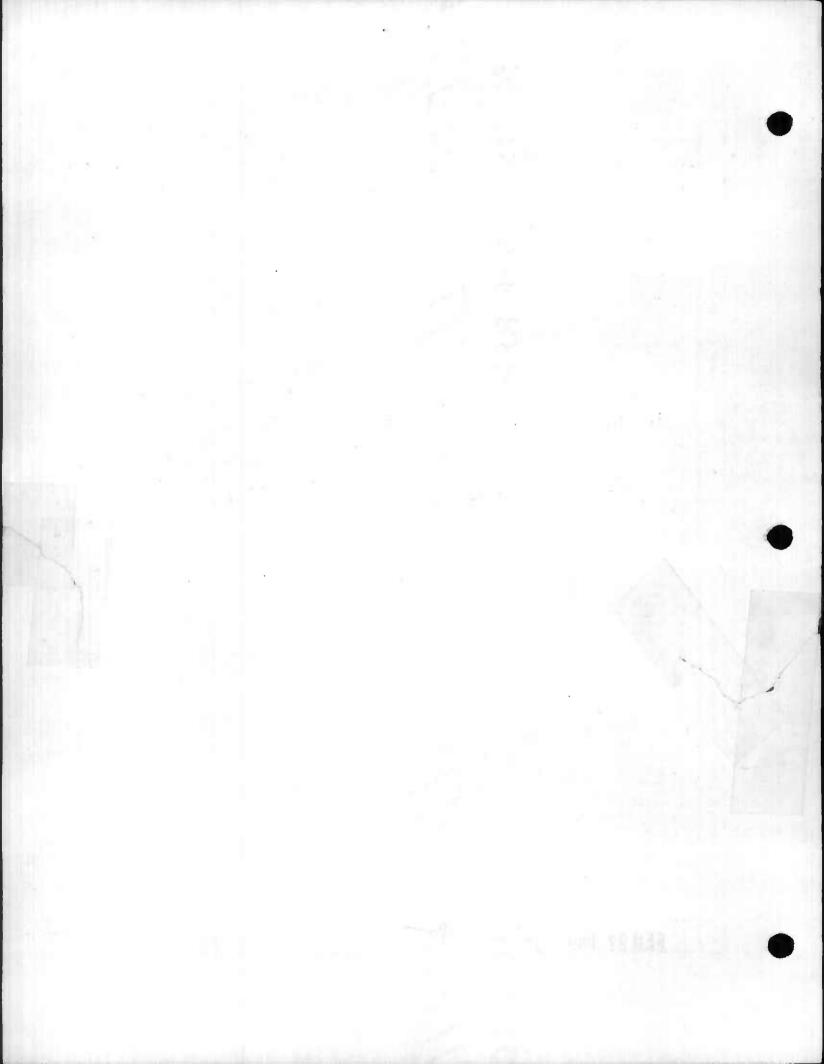
TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal IMPORTANT: If Item 28 is m.

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2 5	After this death with	
N.	After	

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

,	1. DECEDENT'S NAME (First, Middle, Last)	CAN		2. DATE OF DEATH MONTH DAY YEAR 1 14						
	4. SOCIAL SECURITY NUMBER 2/8-30-5672 1 g 9a. FACILITY NAME (If not institution, give street a	High St	YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF D	1 11	9c. COUNTY OF I	Igury Co. Mc.			
HOL	RESIDENCE OF DECEDENT		Ba	It more		city				
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN C	timore		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 175 KOSS	vth		101. ZIP CODE	9	10g. CITIZEN OF	WHAT COUNTRY?			
2	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2- IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 2 NO Specifi	Blac	r No- 14. RACE — American Indian, Black, White, atc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co	N 16a. Noted)	DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BUS	INESS/INDUSTRY				
BE COM	17. FATHER'S NAME (First, Middle, Last)	Sumamo) Diggs								
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 20 Code) Have a Swith 175' KOSSUTA									
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal 4 Donation 8 Other (Specify)	from State 20b. PLA	CE OF DISPOSITION (N. r place)	Tion	20c. LO	cation - City or 1	own, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	EE Darsy.	22.	NAME AND ADDRESS OF FO	Luey M.	Baltim	ou.md			
	23. PART I. Entar tha diseases, or companock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)		ina.	ulcer-	Staf	e IV	Approximata interval Batween Oneat and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE QF):									
MEDICAL	PART II. Other, algorificant conditions co	mel	ation	nderlying ceuse given in	1 Part I. 24a. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
PHYSICIAN:		OSPITAL:	OTHE	26. PLACE OF OEATH (C R: rsing Home 8 - Residence						
ВУ РНУ	27. MANNER OF DEATH 1 Metural 8 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED				
	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office Duilding, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 2									
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	(Wo	rela,	29c. LICENSE NO	1905	29d. DATE SIGNE	25/9 (Month, gay, Year)			
-	30. NAME AND ADDRESS OF PERSON WHO CO AMB ACHEW	WORET	2 MI)	24314	raryland	Rot 1	salto sug			
	31. DATE FILED (Month, Day, Year) FEB 87 1991	2. REGISTAR'S SIGNATO	Indelite				2/2/			



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be detached for use as the burial-transit

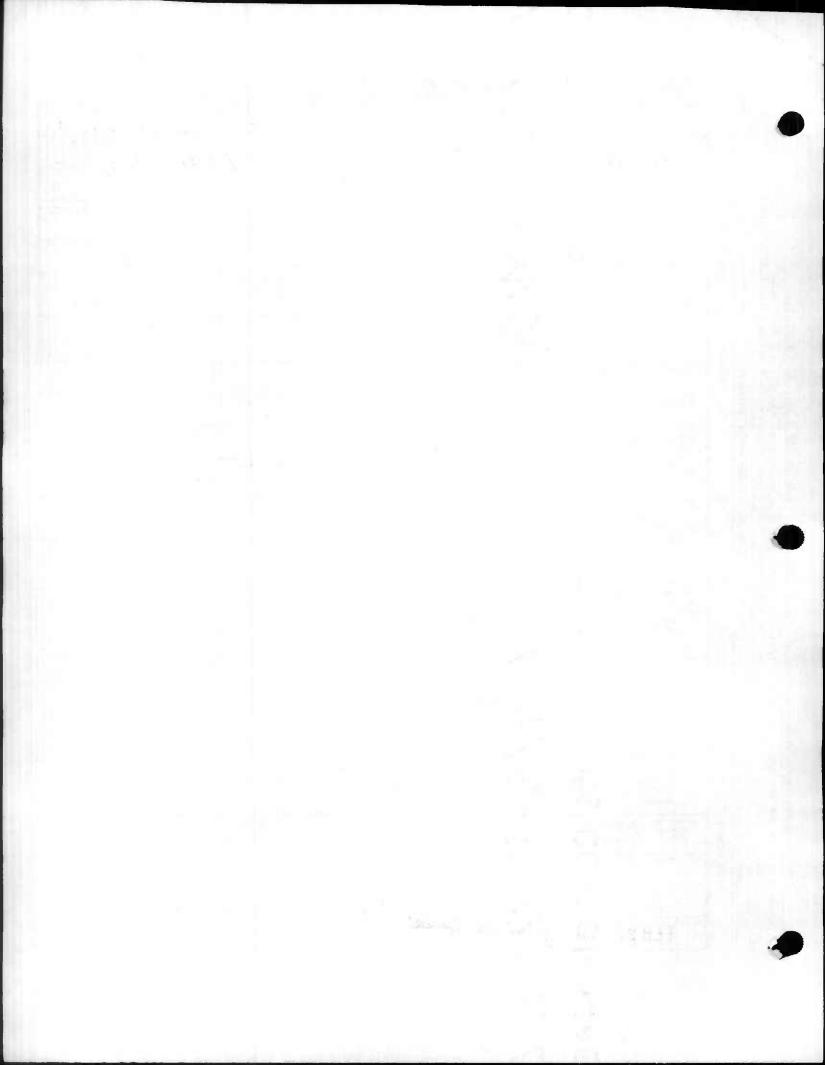
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A hours after death. Page 6 may be retaine	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie
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T OF	T O	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MP
	4	_	

1 . FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF CEATH 1:15 A H 02 Consuelo Lee 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. MARYLAND 1 M 2 F 9 21440 5088 YRS. Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hospital MERCY BaltimoreE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Bultuare 1 VES 2 NO 10e. STREET AND NUMBER 101 ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 1206 MYRTHE 2/21 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/2/NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BlACK BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working like. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) College Teacher Baltimore City Public Sch. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) James Durant Annie Augustus BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 1206 Myrtle Ave. 21217 Lois Beverly Baltimore, Maryland 20e, METHOD OF DISPOSITION
1 A Buriel 2 Cremetion 3 Removel from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Mt. Auburn Cemetery 4 ☐ Donation 8 ☐ Other (Specify) Baltimore, Maryland 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway terbera 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) Seps 15 WARK DUE TO (OR AS A CONSEQUENCE OF): Preimonia CERTIFICATION Sequentially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): Aspiration DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST Carcinona 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 | YES 2 | (10 OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 8 | Residence 8 | Other (Specify) 1 TES 2 NO 1 / Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. OESCRISE HOW INJURY OCCURED 1 Natural 8 Pending Investigation 1 YES 2 NO BY 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be COMPLETED 4 Homicide determined 1 DERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIONED (Month, Day, Year) BE 4 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ros Frik Hosp, to MD Merc



62 RECIGIRAR'S SIGNATURE LABOR



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

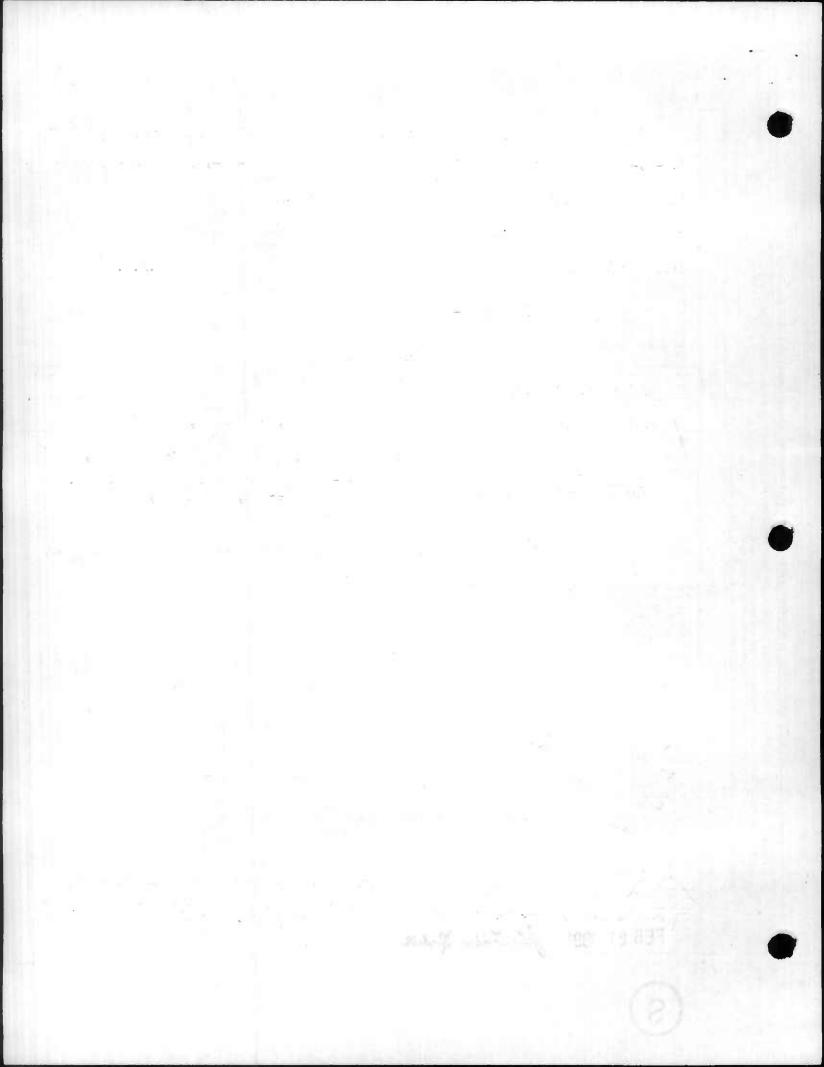
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTR	ΑR
Г	1. DI	ECEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AV YE	3. TIME OF DEATH	
PAUL	EDWARD	LYON	S			3- 9	AR 17 50/PM	
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	6. E	BIRTHPLACE (State or Foreign	
176-07-2464	128 M 2 🗆 F		IONTHS DAYS	HOURS MIN,	(Month, Day, Year) 03-22-19		ennsylvania	
9a. FACILITY NAME (If not institution, give	atmet and number)		DE CITY TOWN	OR LOCATION OF D		9c. COUNTY		
				CC		SC. COOM !	OF PERIII	
Levindale Hospi	tal		Balt	imore Cir	.y			
10e. STATE 10b. COUNT	TY	10c, CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY	
Maryland Baltimore			Dundalk				1 YES 2 NO	
1933 Wareham Roo	ad		10	21222		10g. CITIZEN	of what country?	
11. MARITAL STATUS	12. WAS DECEOENT EVER	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ya	a or No- 14.	RACE American Indian,	
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR I	DATES	If yes, s	pecify Cuban, Maxics S 2 X NO Specif	n, Puarto Rican, atc.) y:	4	Black, White, atc. Specify: White.	
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S U	SUAL OCCUPAT	ION	16b. KIND OF BU	ISINESS/INDUST		
(Specify only highest grad			rk done during m					
Elementery/Secondary (0-12)	College (1-4 or 5 +)	Store M	anagen		Топп	ys Liqu	<i>ዕክል</i>	
17. FATHER'S NAME (First, Middle, Last)		Dictrice M	you					
	Linne				ME (First, Middle, Malder	Sumame)		
Cornelius Edward	a Lyons	_		Viola				
9a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox			
Patricia Ann Lye	ons	1933	wareh	am Koad,	Baltimore	, MU 2	1222	
Pa/METHOD OF DISPOSITION Burlal 2 Cremetion 3 Re-	movel from State	b. PLACE OF DISPOSIT	TION (Name of co	emetery, crematory or	20c, L(DCATION City	or Town, Stata	
□ Donation 5 □ Other (Specify)	C C	restlawn	Cemete	ry 2/28/	91 M	arriott	sville. MD	
1. SIGNATURE OF FUNERAL SERVICE L					ieral Home			
1000	0							
- Court P	· Conon	<u> </u>	7922	Wise Ave	enue, Balt	imore,	MD 21222	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	A CONSEQUENCE OF):		ARCIN	oma		Onset and Dest	
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
PART II. Other algnificant condition	ona contributing to deeth	but not resulting in	the underlyle	ng cause given in	Part I. 24s, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
					PERFO	PAMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
WAS CASE DESERVED TO MEDICAL								
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	26.1 OTHER:	PLACE OF OEATH (C	neck only one)			
TES 2 NO	1 Impatient 2 ER/Our	tpatient 3 DOA	4 🗌 Nursing Ho		6 Other (Specify)			
1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJU	RY W	JURY AT ORK? YES 2	28d. OEŞCRIBE HOW	S. OEȘCRIBE HOW INJURY OCCURED		
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)			t, factory, office 261. LOC		CATION (Street and Number or Rural Route Number, y or Yown, State)		
0.00000000								
(Check only	SICIAN: To the best of my kno NER: On the bests of examinati						suss(a) and menner as stated.	
196. SIGNATURE AND TITLE OF CERTIF	IER			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)	
AIX	A	Cab	200	1 30	-	1 7	75-91	
26. NAME AND ADDRESS OF PERSON V	ATT	-261015	107	030	10	-	11	
AT. Lucco	2434	EATH (ITEM 27) (Type, I	1	SERE F	Jus -	BAL	XISIS O	
FEB 27 1991	REGISTRAR'S SIG							
31. DATE FEB 27 1991	Freha Davidson	- Handelle						





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DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the 1		once.
5 should be		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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IMPORTANT: If it

91 05055 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY YEAR February 24,1991 3. TIME OF DEATH Mary Elizabeth McCafferty 0546 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year, 8. AGE (In vrs. last birthday) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS MONTHS HOURS 1 M 2 K F 77 May 3,1913 215-10-6189 New Jersey Se. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR Baltimore Baltimore County General Hospital Randallstown RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Maryland **Baltimore** Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3503 Old Mill Road 21207 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried Specify: BY 3 X Widowed 4 Divorced Caucasian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 186. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Scalp Treatment Thomas Hair & Scalp unknown 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Nelson Coykendall Mary Elizabeth Carpenter BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 3503 Old Mill Road Baltimore, MD 21207 James E. McCafferty 20a, METHOD OF DISPOSITION
1 A Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State Woodlawn Cemetery 4 Donation 5 Other (Specify) 3 - 1 - 91Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY
Loring Byers Funeral Directors, INC. Welln 8728 Liberty Rd.Randallstown, MD 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. interval Bety Onset and Death **IMMEDIATE CAUSE (Final** disesse or condition resulting in death) arone DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO Carlion PLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?**

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Nettiful
Accident 5 Pending M 1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 🔲 Homicide determined

29e. CERTIFIER 1 XERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

M 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D20964

2-25-91

Jerome H. Ginshere M. D.: 8630-Liberty Plaza Mall; Randallatown, 31. DATE FILED (Month, Day, Year) 1991



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Pane 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ment on provinces with the state of the stat	TO THE HUSPITAL OF ALLENDING PHYSICIAN. THE TAX EQUIPES THAT THE LAW FOR THE PROPERTY OF THE PHYSICIAN OF ALLENDING PHYSICIAN.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	in the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	APORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The state of the s	DING PHYSICIAN: The law requires that the death certificate be executed within 24	: After this certificate has been signed by the attending physician and completely fill	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation.	s marked, or Item 23 shows any injury, or other traumatic event, the

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BY PHYSICIAN: MEDICAL

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91-1052-510 91 05056 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 2 24 **MEANS** 1991 **JAMES** HOWARD 8:20 A M 7. DATE OF BIRTH (Month, Day, Year) 12-3-1920 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 720-03-2491 1 XM 2 F 70 YRS. Utah 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 503 SAVAGE STREET BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY XXYES 2 NO Marvland Baltimore City 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 503 Savage Street 21224 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 X YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Marr IF YES, GIVE WAR OR DATES 1 TYES 2X NO Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Truck Driver Jess Williams 4 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Louis Means Minnie Record 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ethel Gray 503 Savage Street Baltimore, MD 21224 20a. METHOD OF DISPOSITION
1 To Burlal 2 Cremation 3 Ram 20b. PLACE AND OATE OF DISPOSITION (Name 20c. LOCATION - City or Town, Stata Donation 5 - Other (Specify). VA Cem|3/1 Garrison, Maryland Forest 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Lilly & Zeiler, Inc. Funeral Homes lesabeth 1901 Eastern MD Avenue Balto 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Selesofie Onset and Death IMMEDIATE CAUSE (Final ens disease or condition resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? COM OF D YES 2 | NO

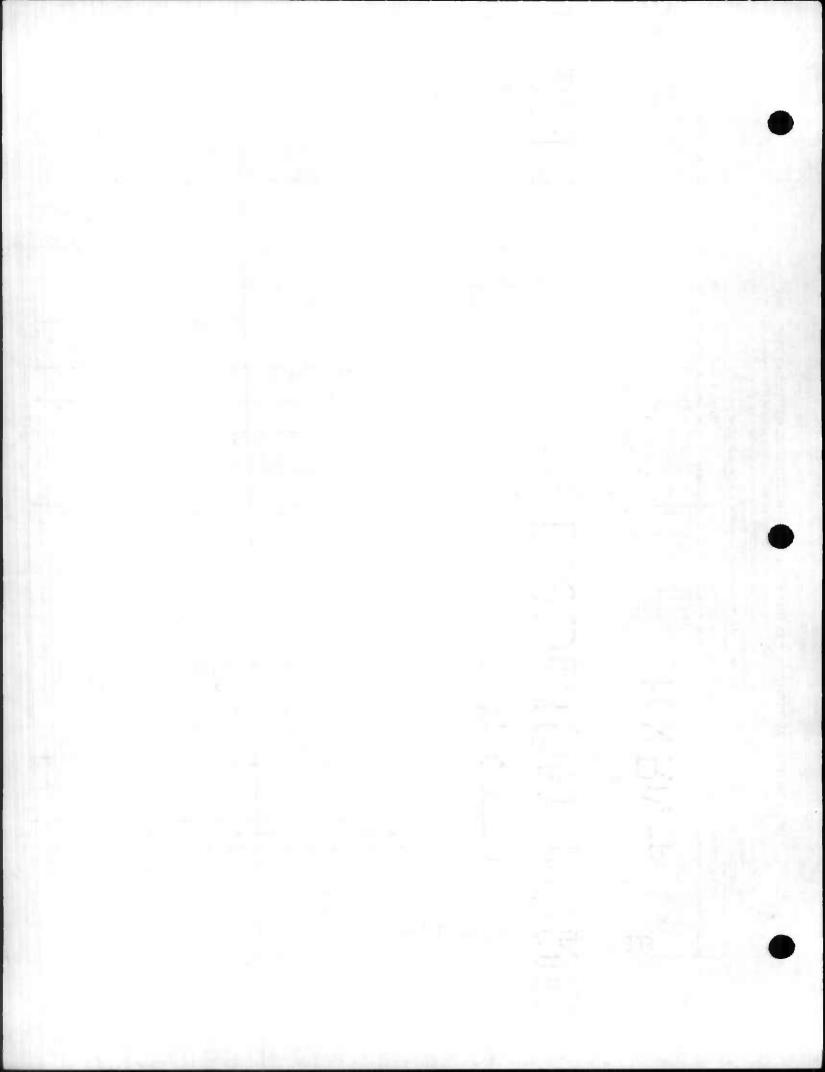
	-			_		- / `	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF DEATH (C	heck only one)	
EXAMINER?		OSPITAL: ☐ Inpatient 2 ☐ ER/Outpatient	3 🗆 DOA	OTHE 4 Nu	R: rsing Home 5 Syftysidence	8 Other (Specify)	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28a. DATE OF INJURY (Month, Day, Year)	28b. TH	ME OF JURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW INJURY	OCCUREO
3 Suicide 8 Could not b		28e. PLACE OF INJURY — At building, stc. (Specify)	home, farm,	atroot, fa	ctory, office	281. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investi ation in my oninion death occurred at the time date and place and due to the car

		in the opinion, seath section at the time, date and pla	ce, and ace to the cause(s) and mainle as mane
MIGHATURE AND TITLE OF CERTIFICATION	Jo Hl	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year) 225 9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	Type, Print)			
MARIO F. GOLLE JR. IND.	41 PENA) 97.	PALTO	MO 21201
FFB 2 7 1991				



TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 yours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DeFriece

1991

31. DATE FILED (Month, Day, Year) 3/23

FOR 1 - STATE	STATE OF MARYL	AND / DEPARTN CERTIFIC				lbo .	91 05057
REGISTRAR		CERTIFIC	AIE UF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	ANTHONY I	MACZKA			2. DATE OF DEATH DO	/ 4	9 (S A M
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
213 05 5146	1) X41 2 F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 02-05-190		Maryland
9a. FACILITY NAME (If not institution, give st		96		OR LOCATION OF DE			INTY OF DEATH
LOCAL ROVEN V. A	. KESP (1702		Abrem	rope, M	D	BAZ	T. Co.
RESIDENCE OF DECEDENT							
Maryland 106. COUNTY			timore				10d. INSIDE CITY VLIMITS? 1 PYES 2 NO
100. STREET AND NUMBER 2329 Essex Street			101	21224			nited States
11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 \(\times\) YES IF YES, GIVE WAR OR D	2 NO	13. WAS DEC	ENDENT OF HISPAN ecify Cuben, Maxicar 2 ZANO Specify	IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No—	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUC	ATION	10a, DECEDENT'S US	HAL OCCUPATION	OM .	16b, KIND OF BUS	CINECS IIM	DIETOV
(Specify only highest grade Elementary/Secondary (0-12) Yrs	College (1-4 or 5+)	(Give kind of work life. Do NOT use n Basket	k done during mo retired.)	est of working	Self-E		
17. FATHER'S NAME (First, Middle, Last) Walenty Maczka				18. MOTHER'S NAI	ME (First, Middle, Maiden Gielka	Surname)	
19a. INFORMANT'S NAME (Type/Print) Mary Maczka					noute Number, City or Tow		lp Code) 211
20a. METHOD OF DISPOSITION 1		St. Stani					ore, Maryland
4-1 Donetion 5 □ Other (Specify)	51055			ND ADDRESS OF FAC			
> PUNERAL SERVICE LIC	ENSEE		Lilly	y & Zeile	er, Inc. F Avenue B		
23. PART I. Enter the diseases, pr							rrest, Approximata
IMMEDIATE CAUSE (Finel disease or condition	List only one cause on a		المركز المركزة	one PR	DETATE C	nce	Interval Between Onset and Death
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):					
	PATIA	DON COU	nc -	PANZIATTE	- per o	nan	more
Sequantially liet conditions,	DUE TO (OR AS	A CONSEQUENCE OF):	117	14000111	1-00	-VEO	(Odras)
If any, leading to immediate cause, Entar UNDERLYING			100 m				i
CAUSE (Disease or Injury	G	TETT BUILTY	NOT NOT	uns			
that initieted events	DUE TO (OR AS	A CONSEQUENCE OF):					i
resulting in death) LAST	d						
PART II. Other eignificant condition	a contributing to death I	out not resulting in	tha underlyin	g cause given in	Part 1. 24e. WAS AN PERFOI	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							1 TYES 2 NO
					_		
25. WAS CASE REFERRED TO MEDICAL			20.01	105 OF 051TH 101	and and analy		
EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Chi	eck only one)		
1 TES 2 NO	1 Proposient 2 ER/Out			ne 5 🗆 Raaldenca	8 Other (Specify)		
27. MANNER OF DEATH	20s. DATE OF INJURY	28b. TIME C		JURY AT	28d. DESCRIBE HOW	NJURY OC	CCURED
1 Natural 5 Pending	(Month, Day, Year)	INJUR		ORK? YES 2 NO	-		
2 Accident Investigation 3 Suicide e Could not be	20s. PLACE OF INJUR' building, etc. (Spe	Y — At home, farm, stre	et, factory, offic	:a	281. LOCATION (Street City or Town, State,	and Numbe	er or Rural Route Number,
4 Homicide detarmined 29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my know	wiedge, death occurred	at the time, data	and place, and due	lo lhe cause(a) and ma	nner as at	ated.
one) 2 MEDICAL EXAMINE	R: On the basis of examination				La Carriera La La Carriera La		The cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	ABER	29d. DA	TE SIGNED (Month, Day, Year)

IDSP INTZ

V. A

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE LOCH RMON

Promer , MO 21218

DHMH-16 Rev 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

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ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	INECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		and the second of the second second second second second second the second second second second second second
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SING	After	To hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	-
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	FOR 1 - STATE REGISTRAR	STATE OF MAR			ENT OF H		MENTA	L HYGIEN	E 9		15058
	1. DECEOENT'S NAME (First, Middle, Last)						MONT	OF DEATN		3. 1	TIME OF DEATN
	DORIS VICTORIA MOR	RIS					FEB	. 22,	1991	EAR !	9:00 A M
	Messelle Messelle Trinibative and and		GE (In yrs. last bi		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLA	CE (State or Foreign
	212-16-4011 1 9e. FACILITY NAME (If not institution, give atreet		69	YRS.		R LOCATION OF DE		E 5, 1	921	MARY	
DIRECTOR	608 N. CLINTON ST.					IMORE				-	
EC	10e. STATE 10b. COUNTY		1	IOc. CITY, TO	WN OR LOCAT	ION					. INSIDE CITY
8	MARYLAND	-		В	ALTIMO	RE				X	YES 2 NO
	10e. STREET AND NUMBER				101.	ZIP CODE			10g. CITIZEI		
ER	608 N. CLINTON ST.					21205			U. S	. A.	
BY FUNERAL	11. MARITAL STATUS 12 1	. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	D	If yes, spe	ENDENT OF HISPAN polity Cuban, Mexica 2 NO Specifi	n, Puerto		or No- 14	Bleck, Wh	American Indian, alta, etc. WHITE
	15. DECEDENT'S EDUCATION	ON	18a. DECE	DENT'S USU	AL OCCUPATIO	N	166	. KIND OF BUS	I BINESS/INDUS	TRY	
	(Specify only highest grade com Etamentary/Secondary (0-12) C	ollege (1-4 or 5+)	(Give	kind of work of NOT use ret	done during moi ired.)	st of working					
4	NA	NA	HOI	MEMAKI	ER				OWN HO	ME	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Surname)		
BE	WILLIAM HIGHTOWER					GRAC	E LA	IRD			
5	19a. INFORMANT'S NAME (Type/Print)	क्ताराज \				nd Number or Rural					
	JANET BANKI (DAUG	ilek)				ANOR DRI					
	20e. METHOD OF DISPOSITION 5 Burial 2 Cremetion 3 Removal 4 Donatton 8 Other (Specify)	from State	20b. PLACE AN	O DATE OF	DISPOSITION	(Name IAL PARE	OAT	E 20c. LO	CATION — CIT LT IMOR		
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE	TIEADOW /	KIDGE		D ADDRESS OF FA		DAI	T TLIOK	c, ML	•
	Eugene !	Laston	en)	h.	SCHIM 3331	UNEK FUN BREHMS I	IERAI ANE,	BALT	IMORE,	MD.	21213
	23. PART I. Enter the discusses, or com- shock, or heart failure. List	plications that cau	sed the deet	h. Do not e	enter the mo	da of dylng, suc	h as can	disc or resp	Iratory srres	t,	Approximate interval Batween
	IMMEDIATE CAUSE (Final										Onset and Death
	disease or condition resulting in death)	OUE TO COR	Tonil 1	ailun	۲.						
CERTIFICATION	Sequentially list conditions, b	DUE TO (OR	AS A CONSEQUE	ENCE OF:	5T CA:	3620					
M	cause. Enter UNDERLYING										1
<u>E</u>	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUE	ENCE OF):							
E	resulting in death) LAST										
	PART II. Other significant conditions c	ontributing to deal	h hut not ree	ulting in th	ne underlying	cause alven in	Dart I	24a, WAS AN	AUTOBEV	245 WE	RE AUTOPSY FINDINGS
S	January Symmount Soundarions	onandaring to deal	an but not res	uning in a	ie dilderiying	y cause given in	Fait i.	PERFO		AVA	MABLE PRIOR TO
			 -				_	1 TYES	P □ NO	OF	DEATH?
Σ		···								1 [YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26 PI	ACE OF DEATH (C)	ack only o	00)		L	
Sici	EXAMINER?	OSPITAL:	Outpetlant 2 🗆		THER:	e 5 Residence					
¥	27. MANNER OF DEATN	28s. DATE OF INJU	RY :	28b. TIME OF	28c, INJ	URY AT		SCRIBE NOW	NJURY OCCU	RED	
BY PHYSICIAN: MEDICAL	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	er)	INJURY		RK7 /ES 2 NO	i saina e				- 4
	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJ	URY — At home	, farm, stree	t, factory, offic			CATION (Street		Rural Route	Number,
1	4 Homicide determined	bullary, atc. (эр осну)				City	or Town, State,			
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: (Check only one)										d manner sa stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU	MRER		204 DATE S	IGNED (Ma	onth, Day, Year)
BE	Sit Fam 5					11832			> 2	1251	91
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	F DEATH (ITEM :	27) (Type, Prir	70)	0,0				- 3	1. /
	DR. JOHN FETTING, J	OHNS HOPE	KINS HO	SPITA		1 N. BRO	ADWA	Y, BAI	TIMOR	E MD.	ROOM 135
	31. DATE FILED (A) B. 27 199	32. RESISTRAR'S	vidson-R	and a second							

(A) OTT.

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1 - FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) L1 L L 1 1	Lil l ie	Morris M	ORIZI	S	2. DATE O MONTH	DE OEATH DAY	YEAR	3. TIME OF DEATH
BOCIAL SECURITY NUMBER	6. SEX 6. AGE		DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	F BIRTH Day, Year) Oh - 1893	8. BIRT Coun	HPLACE (State or Foreign try)
Liberty Medi	Charles of the Control of the Contro	9	· cu	or Location of DE 1timore			INTY OF	DEATH
BIDENCE OF DECEDENT 10b. COUNT	Υ		TOWN OR LOCA					10d. INSIDE CITY
Md.		B	altimo					1 H YES 2 NO
STREET AND NUMBER 4017 Li	berty Height	Ave.	10	21216		10g. CIT	USA	WHAT COUNTRY?
. MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 (INO	If yes, sp	CENDENT OF HISPAR Decify Cuben, Mexica 3 2 NO Specify	in, Puerto Ri	(Specify Yes or No—ican, etc.)	Spe	E — American Indian, ck, White, etc. city: Black
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of won life. Do NOT use n	k done during m		18b.	KINO OF BUSINESS/IN		
FATHER'S NAME (First, Middle, Last)				M MOTHER'S NA	ME /First A4	iddle Melden Surname)	_	
, and moons, sady	?		3.3	WOTHER S NA	ma trast, w	?		
Rev. James Murc	hison					in City or Town, State, Zi		nd 21229
g METHOD OF DISPOSITION Burial 2 □ Cremation 3 □ Ren □ Donation 5 □ Other (Specify)	oval from State	other place) Western				20c. LOCATION -	-	
BIGNATURE OF EURERAL SERVICE LI	CENSEE / /	WESCELLI	22, NAME A	ND ADDRESS OF FA		Funeral H		-
3. PART L Enter-the diseases, or	osler	0	13	00 Eutaw	P1.	Balto, Md	1. 2	
MEDIATE CAUSE (Final issasse or condition southing in death)	DUE TO (OR AS	A CONSEQUENCE OF):	wi	K SE	PS/S	17		Onset and De
equentially list conditions, any, leading to immediate suss. Enter UNDERLYING AUSE (Disease or injury nat initiated events souting in death) LAST	c	13 ZD V A A CONSEQUENCE OF):	SEUL	A-IC A-		1/=/0/		
ART II. Other algnificant condition ANAEX		but not resulting in	the underlylr	ng cause given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1 NO	24	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
					-	,		1 YES 2 (NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ne 5 Residence				
MANNER OF OEATH Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (DF 28c. IN	JURY AT ORK? YES 2 NO		CRIBE HOW INJURY OF	CCURED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	IY — At home, farm, streedly)	et, factory, offi	ce	28f. LOCA City o	ATTON (Street and Number Town, State)	er or Rural	Route Number,
anal	ICIAN: To the best of my kno							(a) and menner as stated
b. SIGNATURE AND TITLE OF CERTIFIE	TAYIU	ng	40		3300)	2.3	0 (Month, Day, Year)
NAME AND ADDRESS OF PERSON W	PATE L	2-6 60	1-10	entis e	ech	Calli-	MD	. 21213
I. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		20,0	7				-/3

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a require after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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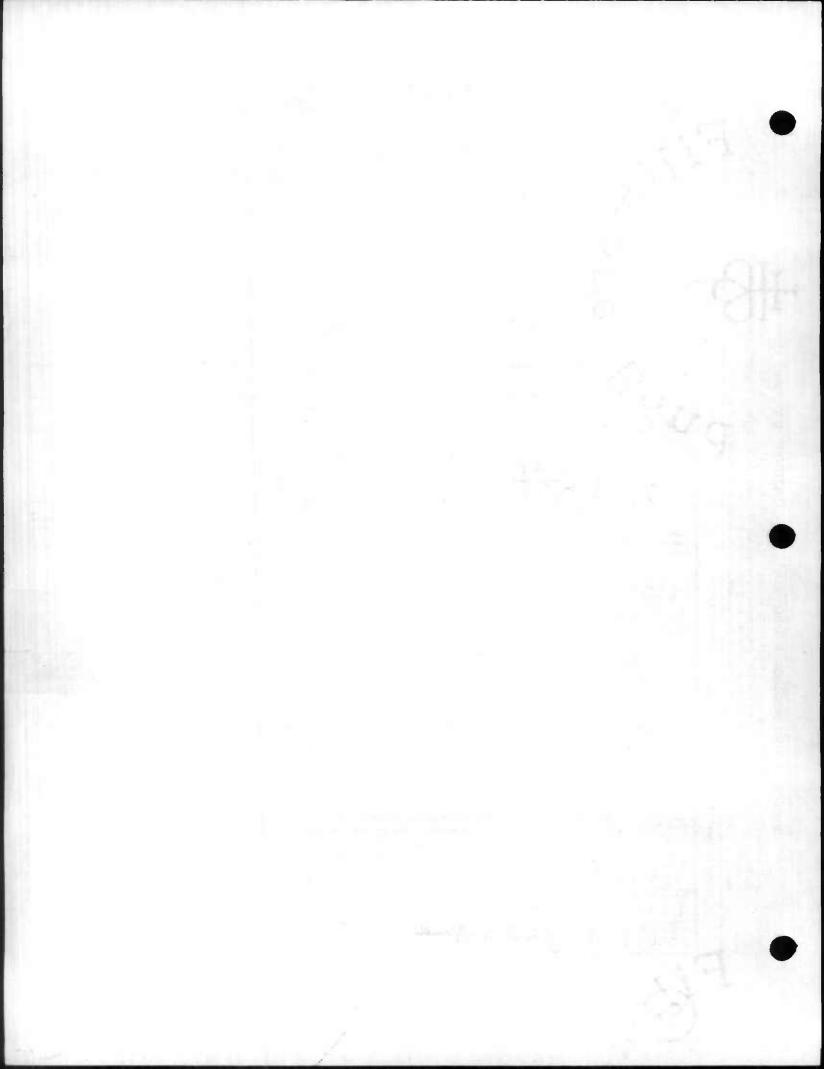
32. AGGISTRAR'S SIGNATURE
Julia Devidoon-Randalle

DHMH-16 Rev 1/8

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. vours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use and active companies of the funeral death with the State part of Health and Mental Hymine prior to burial, cremation, or removal.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune of complet	<u>-</u>
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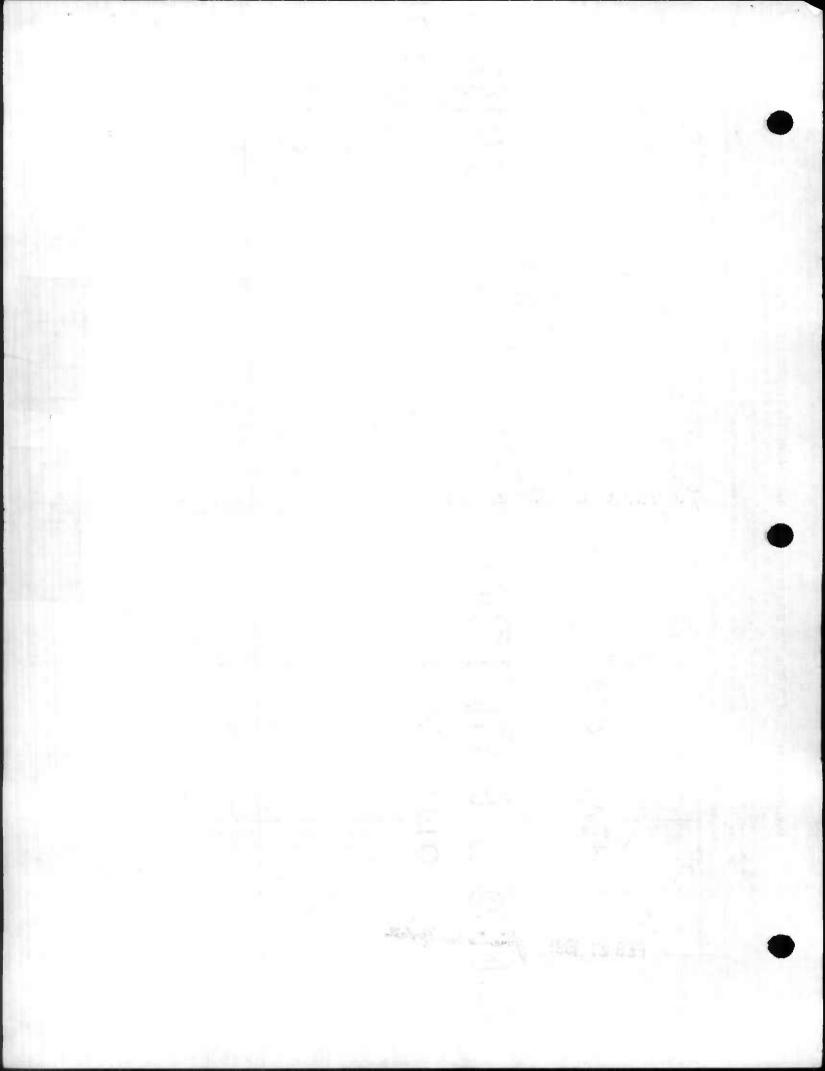
1	FOR STATE OF MARYLAND STATE REGISTRAR		RTMENT OF H		MENTAL HYGIEN	_	05060
F	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
	Helen Austine Murphy			!	Feb. 24.	1991	M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In	isi birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	218-42-4184 1□M2∑F 46	YRS.	MONTHS DAYS	HOURS MIN.			Maryland
	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY	OF DEATH
5	310 East 20th Street		Baltin	nore			
5	RESIDENCE OF DECEDENT	T					10d, INSIDE CITY
置	10a. STATE 10b. COUNTY		TY, TOWN OR LOCAT				LIMITS?
BY FUNERAL DIRECTOR	Maryland 100 STREET AND NUMBER	I	Baltimore	ZIP CODE		10- CITIZE	YES 2 NO
ME I			101			10g. CITIZE	N OF WHAT COUNTRY?
2	310 East 20th Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A		1	21218	10 00101112 (0 - 14 V	I U. S	
5	1 Neuer Married 2 Married FORCES? 1 YES 2 X	NO	If yes, sp	ecify Cuben, Mexican	IC ORIGIN? (Specify Yor, Puerto Rican, atc.)	14 Or NO	RACE — American Indian, Black, White, atc.
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES		1 U YES	2 NO Specify	,		Specify: Black
8	15. DECEDENT'S EDUCATION 16a. D	ECEDENT'S	S USUAL OCCUPATION	ON	166. KIND OF B	USINESS/INDUS	
	(Specify only highest grade completed) (Elementary/Secondery (0-12) College (1-4 or 5 +)	te. Do NOT u	work done during mo use retired.)	st or working			
릴		Clerk			U.S.	Postal	Service
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAI	ME (First, Middle, Melde	n Sumame)	
BE C	Roy Murphy			Helen	H. Baker		
TO B					Route Number, City or To		
F							land 21218
	20a, METHOD OF DISPOSITION 20b. PLAC other	E OF DISPO	OSITION (Name of ce	netery, crematory or			y or Town, State
	4 Donation 5 Other (Specify) Coda	r Hi	11 Cemete	ery	Ann	e Arun	del Co., MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A 2501	GWVDDS I	alls Parl	Funera	1 Homes, Inc.
	Roment M. 1 Emy. N.	5	Balt	imore, Ma	aryland 2	21216	
	23. PART I. Enter the disesses, or complications that sausal the						
	shock, or heert fellure. List only one couse on each lit IMMEDIATE CAUSE (Final						Interval Batwean Onset and Death
	disease or condition resulting in death) Transvers	se	Myelil	r'S			4 weeks
	DUE TO (OR AS A CONS	EOUENCE (OF):				
Z	Sequentially liet conditions, Due to (or AS A CONS	res	is				
Ĕ	If any, leading to immediate	EQUENCE (OF):				
5	CAUSE (Disease or Injury	EOHENCE (OE)				
Ē	that initiated events resulting in death) LAST		o.,.				
CERTIFICATION	d						
CAL	PART II. Other significant conditions contributing to death but no	t resulting	in the underlying	g cause given in		ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2	Obesity IDDM				1 _ YES	2 NO	COMPLETION OF CAUSE OF DEATH?
MEDI					_		1 YES 2 NO
ž							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)		
XSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient	_	4 - Nursing Ho		6 Other (Specify)		
표	27, MANNER OF DEATH 1 Natural 5 Pending 28e. DATE OF INJURY (Month, Dey, Year)	26b, TI	NJURY W	JURY AT DRK?	28d. DESCRIBE HOV	Y INJURY OCCU	IRED
B	2 Accident Investigation			YES 2 NO	************		- Overl Davids Marshau
	3 Suicide 6 Could not be 4 Homicide determined	nome, rarm	, street, factory, offi	De .	City or Town, Ste		r Rural Route Number,
<u>=</u>	AA- CENTERD - 4					15-21-5-6	
COMPLETED	29e. CERTIFIER (Check only one)						Contract the second second second
S	2 MEDICAL EXAMINER: On the basic of examination and/	or investigat	tion, in my opinion,	death occured at the	time, date end place,	end due to lhe	couse(e) end manner ee stated.
u l	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI			SIGNED (Month, Day, Year)
TO B	Edisimonemi mo				212		127/91
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I Ed Brandouker, MD 3825 G	TEM 27) (1/7	pe, Print)	Ave B	altimore	Md	21211
	31, DATE FILED (Month, Day, Year)	Eng	21,117	, 0			
	FEB 27 1991 Suna Davidson Many	ماكان					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within \$2 Fibural after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA			MENTAI	L HYGIEN		
	1. OECEDENT'S NAME (First, Middle, Last) LOUIS S.	J.		CHELL		2. DATE	OF DEATH D	1991 ^v	3. TIME OF DEATH 9:30 a M
	4. SOCIAL SECURITY NUMBER	1 反 M 2 □ F 4	8 YRS. MON	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN,	2 —	OF BIRTH n, Day, Year)	43	BIRTHPLACE (State or Foreign Country) MARYLAND
OR	9a, FACILITY NAME (If not institution, give a 728 south LINWO		96.	BALT IM	R LOCATION OF DE IORE	EATH		9c. COUNTY	OF DEATH
FUNERAL DIRECTOR	MARYLAND	Y		IMORE	ION		_		10d, INSIDE CITY LIMITS? 1 [X] YES 2 \(\square\) NO
ERAL	10e STREET AND NUMBER 728 S. LINWOOD	AVENUE		101.	21224			USA	OF WHAT COUNTRY?
B	11, MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Notvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 (NO	If yes, spe	ENDENT OF HISPAP ecity Cuben, Mexica 2 NO Specifi	n, Puerto I		or No- 14.	RACE — American Indien, Black, White, etc. Specify: WHITE
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 YEARS	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use rei HAIR S	done during mod tired.)	at of working	166	SEL	SINESS/INDUST	TRY
COM	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA			Surneme)	
BE	LOUIS MITCHEL 190. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	ORESS (Street &	HELEN			n, Stete, Zip Coo	de)
5	MRS. BERNADINE					BAL			. 21224
	20e. METHOD OF DISPOSITION 1	GR	EENMOUNT	CEME	TERY	DAT	BAL		or Town, State ITY.MD.
/	Kaymond L	Xaczyni	shi		ROWSKI				MD. 21224
C	23. PART 1. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. ACUTE PROPO	A CONSEQUENCE OF):			h aa can	diac or resp	Iratory screat	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):						
CAL	PART II. Other algnificant condition	ns contributing to deeth b	out not resulting in t	he underlying	g ceuse given in	Part I.	24a. WAS AN PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C)				
ВУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28a. DATE OF INJURY (Month, Day, Year) FOUND: 2/2	28b. TIME O INJURY O / 91 UN KNOW '— At home, farm, streetly)	F 28c. INJ WO	URY AT ORK? YES 2 NO	284, OE SUP 281, LOC City	SCRIBE HOW	728 S.	D DRUGS Rural Route Number, LANGOOD AVENUE
COMPLETED	ment hand	SICIAN: To the best of my know IER: On the basic of examination	riedge, death occurred a						ause(e) end manner as stated,
TO BE C	BIGNATURE AND TITLE OF CERTIFIE	WIN M	4		OCME	MBER		29d. DATE S	INED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WITH	1 11 000	MP , (ITEM 27) (Type, Pri	11 P	TR NIKE	- 11	3ALTO	imo	2/122
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ANTURE TO AND AND	THE ST		(*	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	rache		nce.
the	e de		1 01
d b	Q p		g g
taine	shou		ille
be re	36.5		e no
тау	r, pai		st b
9 9	recto		Ē
Pag	al di		iner
death	fune		жаш
after	/ the	noval	cal e
MILS	in D	r ren	nedi
Z P	filled	Ou, 0	he n
uhin	etely	ешар	m, 1
w ba	ошр	al, cr	eve
Mecut	and (bun	natic
e e	cian	or to	Taur
Scate	physi	ne pr	er t
certif	ding	lygie	10
eath	atten	ntal F	7, 0
the d	the	d Me	름
that	ed by	th an	any
uires	sign	Heal	S.M.
v req	peen	f. of	Show a
e lav	has	Ded G	n 23
I. N	ficate	State	Her
SICIA	certi	the	1, 01
PHY	this) with	urkec
DING	After	death	E 3
EN	10R:	after	28 1
JR AI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL	MLD	22	H
OSPI	JNER	imin	E
工	프	w ba	ORT
10	TO T	be fill	MP
		_	_

	1 - FOR STATE OF MARYLAND C	/ DEPAR				MENTA	L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3.	TIME OF DEATH
	Mark Stephen McDor	nagh				MONT 2	н рау 2		YEAR	6:42 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	_	IF UNDER	1 YEAR	IF UNDER 24 HRS.		OF BIRTH		BIRTHPL	ACE (State or Foreign
- 1		Vmo	MONTHS		HOURS MIN.		h, Day, Year)	- 1	Country)	
- 1	213-30-6974	4	a. a.=.			3	6 56	9c. COUNT		yland
~	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY,	TOWN OR	LOCATION OF DE	EATH		9c. COUNT	Y OF DEA	Н
0	704 Hampton Lane			Tows	son			В	alto	
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	40. 017	Y. TOWN O	D 1 004710					L	d. INSIDE CITY
置		100, 011	t, lown o	H LUCALIA	A					LIMITS?
	Maryland	Ва	ltim		City					YES 2 NO
A	10e. STREET AND NUMBER			10f. 2	ZIP COOE			10g. CITIZE	N OF WH	AT COUNTRY?
5	897 South Sharp Street	t			21230				II.S	A
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMEO			NDENT OF HISPAN			or No- 1		American Indian, Vhite, etc.
	1 Never Married 2 Married FORCES? 1 YES 2 5	X) NO			Ify Cuban, Mexica		Rican, etc.)		Specify:	vinte, etc.
B	3 Wildowed 4 Divorced									White
	15. DECEDENT'S EDUCATION 18a.	DECEDENT'S	USUAL OC	CUPATION		168	. KIND OF BUSI	NESS/INDU	STRY	
<u> </u>	(Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4 or 5 +)	(Give kind of life, Do NOT u	se retired.)	unng most	or working					
2	A distribution of the state of	Cool	ogis	+			N.A	.S.A.		
COMPLETED	17, FATHER'S NAME (First, Middle, Last)	Geo.	OGIS		18. MOTHER'S NA	ME (First	Middle Maiden S	(umama)		
	The Parties of Parties (1935, 1970) and Control of Parties of Part								Mana	ah
BE	James P McDonagh						ne Y		Mens	CII
2	19a. INFORMANT'S NAME (Type/Print)				d Number or Rural i				iode)	
- 1	James P. McDonagh	704	Hamp	ten	La. To	wson	, Md. 2	1204		
	1 M Rurial 2 Commetion 2 Removal from State	r place)			etery, crematory or			ATION - CI	ty or Town	, Stata
- 1	4 Donation 5 Other (Specify)	laney	Vall	ey M	em. Gar	dens	2/26/9	1	Time	nium, Md.
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE				ADDRESS OF FA					
	NW 01 60 X () 1									21204
	Make Season &.				Towson					
	23. PART I. Enter the diseases, or complications that caused the abook, or heart fallure. List only one cause on each it		not antar	the mod	a of dying, auc	ch aa car	diac or respin	atory arre	st,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	mia.								Onset and Death
- 1	disease or condition SQCCOV	1A								5YFARS
	resulting in death) a. DUE TO (OR AS A CON:	SEQUENCE O	PF:							014110
			•							
CERTIFICATION	Sequentially list conditions, b. Due TO (OR AS A CON:	SFOUENCE O	F):							+
F	if any, lasding to immediate cause. Enter UNDERLYING		,							
5	CAUSE (Disease or Injury	SECTIONCE O	E).							
Ē	that initiated events resulting in death) LAST	SECOLINOE C	··).							i
8	d									-
0	PART II. Other significant conditions contributing to death but no	ot resulting	In the un	derivino	cause given in	Part I.	24a, WAS AN A	WTOPSY	24b. W	PERE AUTOPSY FINDINGS
CAL		a constant					PERFOR	MED?		WAILABLE PRIOR TO
ă							1 TYES 2	Sho		F OEATH?
뿔							/		1	TES 2 NO
Ë										
₹	25. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF DEATH (Ch	heck only o	ne)			
350	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient	t 3 □ DOA	OTHER 4 Nur	₹: sina Home	Residence	8 □ Oth	er (Snecthy)			
PHYSICIAN: MEDI	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TII		28c. INJU	/	7	SCRIBE HOW IN	JURY OCCI	JRED	
	1 (Month, Day, Year)	IN	JURY	WOF	RK?	200.01	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
В	2 Accident Investigation				E3 2 1 NO		0.471011 (O			
	3 Suicide 6 Could not be 4 Homicide determined	t nome, term,	street, fact	югу, опіса		Cht	CATION (Street ar or Town, State)	nd Number o	r Hural Ho	ite Number,
E	4 Homicide Getermined									
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge	, death occur	red at the t	ime, date :	and place, and due	e to the co	use(a) and man	ner as state	d.	
Σ	one) 2 MEDICAL EXAMINER: On the basis of examination end									and manner ee stated,
8										
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER		29d. DATE	SIGNED (Menth, Day: Year)
TO E	(M Deltu 14)				0293	2 <i>†</i> 3		- 7	125	141
F	30. NAME AND ADDRESS OF PERSON WHO COMPETED CAUSE OF DEATH ((ITEM 27) (Typ	e, Print)							
	Eric Seifter M.D. 611 Park	Ave.	Bal	to.	Md. 212	201				2
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATUR	RE .								
	FEB 27 1991 Julia Sair	Jan 1	anda 00							"
		WE T		_						





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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

n	5	n	5	2
U	U	U	V	U

_	nedio (nan				IOAIL	. 01	DEA		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	licho	LSON	V		Т			2. DATE OF DEATH	W (YEAR	3. TIME OF DEATH 2 M
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 VF	6. AGE (In yrs. Is	est birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year) 5-6-1901		8. BIRTNP Country)	, D.C.
	243-01-4576 9e. FACILITY NAME (If not institution, give a LIBERTY MEDIC	treet end number)	NPER		96. CITY,	TOWN O	MO	ON OF DEA		9c. COUR	ATT OF DE	
	MARYLAND	1		1	TY, TOWN C		TION					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER						. ZIP COD				ZEN OF WI	IAT COUNTRY?
CINETION	1214 EUTAW PLAC		NT EVER IN U.S. A	RMED	13.	WAS DEC	2121		IC ORIGIN? (Specify Yes	USA or No-		- American Indian.
5	1	FORCES?	YES 2 WAR OR DATES		- 1	if yes, sp	ecity Cuba		, Puerto Rican, atc.)		Specify BLAC	— American Indien, White, etc. : K
COMIN CELLED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5		ECEDENT'S Give kind of te. Do NOT u	work done			ng	16b. KIND OF BUS	SINESS/IND	DUSTRY	
	17. FATHER'S NAME (First, Middle, Last)						18. MOT	NER'S NAM	AE (First, Middle, Maiden	Surname)		
	19e. INFORMANT'S NAME (Type/Print)		1						loute Number, City or Tow			
	ELIZBERTH ALLEN		20h PI AC	1214 E AND DAT				, BA	LTIMORE, M		AND 2	
	1 N Buriel 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)		of cemeter WE	ŠTERN	STA	R CE	METE	RY	2/19/91CA			
	21. SIGNATURE OF FUNERAL SERVICE LIC	L ENSER	A	Marketon Common .					FUNERAL H			1217
	shock, the least failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions,	a. Ca DUE TO b. Seg	O (OR AS A CONS	Pel ENUENCE C	Roc	en la	ari	.j	ares	el	7	Interval Between Onset and Death
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Mu	O (OH AN A CONS	R	cu	bu	Q,		uti_			
	PART II. Other algolificant condition	ne contributing t	o deeth but not	resulting	in the u	ndariyir	g csuse	given in	Part I. 24e. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATN (Che	ock only one)			
	EXAMINER?	HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHE		ne 5 🗆 R	ealdence	6 Other (Specify)			
	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE C (Month,	Day, Year)	28b. TII	ME OF IJURY M	W	JURY AT ORK? YES 2	□ NO	28d. DEŞCRIBE NOW	INJURY OC	CURED	
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE building	OF INJURY — At I g, etc. (Specify)	home, farm,	street, fac	tory, offi	Ce		261. LOCATION (Street City or Town, State	and Numbe)	r or Rural R	oute Number,
Colum Ecolor	Torribon ormy								to the ceuse(e) end me time, date end place, e			end menner se stated.
:	296. SIGNATURE AND TITLE OF CERTIFIE Sher A Hosto	un 1	MD				29c LIC	46	48 8	29d. DAT	E SIGNED	(Month, Day, Year)
2	SUPP A HASH	211 0	GOV LL	SERCI	Print)	Mel	SUM	Th	E BK	MH	OPL	20215
	31. DATE FILED (Month-Day, Year) FEB 2.7 1991	Julia L	PAR'S SIGNATURE	indell								

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IANA

DNMH-16 Rev 1/89

ched for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "Frours after death. Page 6 may in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 may be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

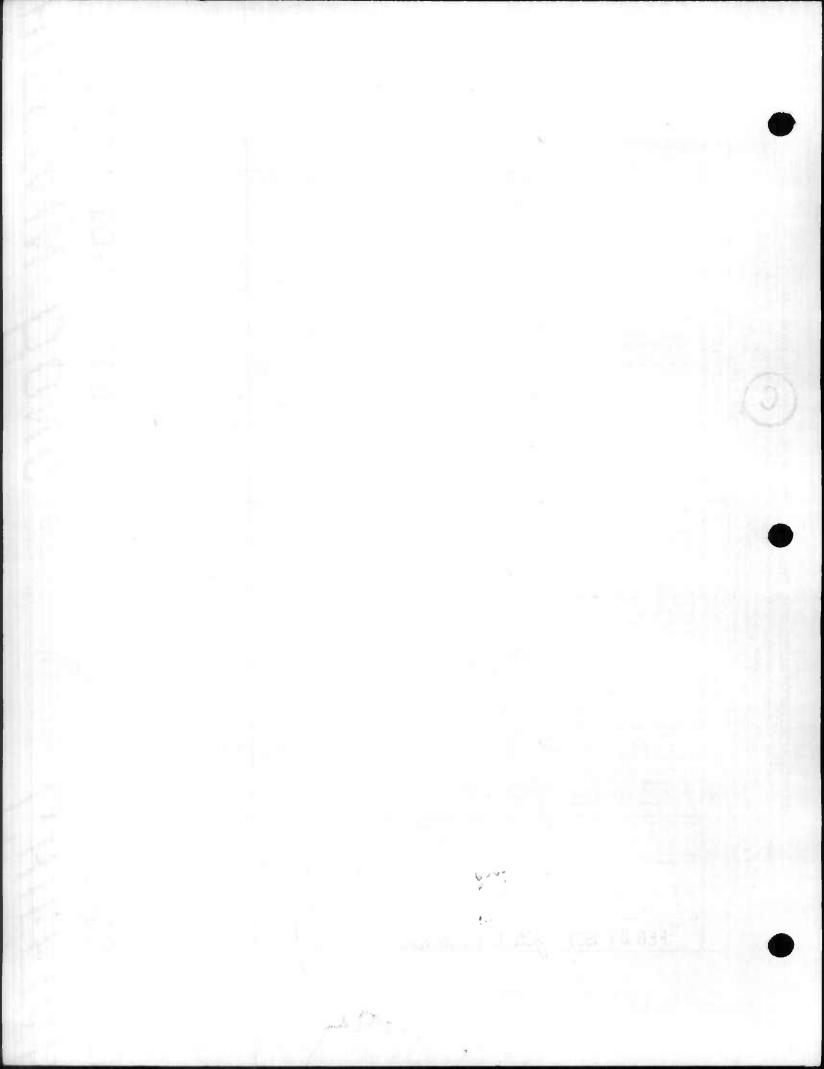
IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be a

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

lospital or attending physician. ND 21203-3146

BALTIMORE,

	1 - STATE REGISTRAR	SIMIL OF I	C	ERTIF	ICATE OF			REG. NO.	E .		00004
	1. DECEDENT'S NAME (First, Middle, Last) CRCE		ORBI.	ν Fi	rst			2. DATE OF GEATH DATE OF OPEN		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577-10-3958		6. AGE (In yrs. In	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	4 HRS.	7. OATE OF BIRTH (Month, Day, Year) May 1, 19		6. BIRTHP Country)	LACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give at Liberty Medical Ce				96. CITY, TOWN Balt	on Locatio imore	N OF OE	ATH	9c. COUNT	n/a	ATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD	na		1	Y, TOWN OR LOCA						IOd. INSIDE CITY LIMITS? IX YES 2 NO
FUNERAL (100. STREET AND NUMBER Irvington Knoll		Home 229		10	of. ZIP CODE			10g. CITIZ		IAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS DE		, Mexicar	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No—	14. RACE - Black, Specify	— American Indian, White, etc.
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(0		USUAL OCCUPAT work done during n se retired.)		,	16b. KIND OF BUS	SINESS/INDU	JSTRY	
	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAI	ME (First, Middle, Meiden	Surname)		77. (
TO BE	19a. INFORMANT'S NAME (Type/Print) BalCityCommision	on Aging						noute Number, City or Tow			
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE other p	OF DISPO	SITION (Name of c				CATION — C		n, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Rohal	d Wade,	Dir 2/11/	22. NAME /	West E		imore St,			
	23. PART I. Enter the disease, or cahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Rico	OR AS A CONSE	EQUENCE O	9- PN	ロごと	נו, ער	in with	. SE.	P &	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	EQUENCE O	PF):	c h	I E A	9-125 120	SEA	SE	
N CE	PART II. Other algorificant condition	a contributing to	death but not	resulting	In the underlyi	ng cause g	lven in				WERE AUTOPSY FINDINGS
MEDICAL	DECUB!	Tus t	ILCER					1 YES 2			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL	ENTIA			20.1	PLACE OF DE	ATH ACL	anti-cott cont			
SICI	EXAMINER? 1 YES 2 1 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:		- T	6 Other (Specify)			
BY PHYSICIAN: ME	27. MANNER OF OEATH 1 Pending 2 Accident Investigation	28a. DATE OF (Month, D	FINJURY Day, Year)	28b. TIII	AE DF 28c. IP	JURY AT PORK? YES 2		28d. DESCRIBE HOW	NJURY OCC	URED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE Obuilding,	OF INJURY — AI h , etc. (Specify)	ome, farm,	street, factory, off	ce		28t, LOCATION (Street City or Town, State)		or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI							to the cause(a) and mar time, data and place, ar			and manner as stated.
H	29b. SIGNATURE AND TITLE DF CERTIFIE	1	201/n	12		29c. LICE		18ER 300	29d, DATE		Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	PATE 2	. 6	EM 27) (7)P	-	redi	con	e Leurn	. 13	alli	5 MD.
	FEB 2 7 1991	Julia Da	vidson-Ray	nden	7						



DSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin 24 froum after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	thin 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremulating or seminant	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR; After this certificate his	be filed within 72 hours after death with the State D	IMPORTANT: If item 28 is marked, or item	

						2	05065
1 - STATE REGISTRAR	STATE OF MAR	CERTIF	ICATE OF	DEATH	NTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	0		RE OZAR	OWSKI 2	DATE OF DEATH	Y YE	3. TIME OF DEATH
Theodore	Ofo	rowsk	1		15 5	9	522 A
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign country)
215-09-9526	1 M 2 D F	77 YRS.	MONTHS DAYS	HOURS MIN.	7-16-13		ARYLAND
9a. FACILITY NAME (If not institution, give st			9b. CITY, TOWN O	R LOCATION OF DEAT	4	9c. COUNTY	
FRANCIS SCOTT	KEY MED (CEN.	BALTIM	ORE			
RESIDENCE OF DECEDENT							
10a. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
MARYLAND		BAI	TIMORE				1 X YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
321 ELRINO STR	EET		2	1224		USA	
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED		ENDENT OF HISPANIC		or No- 14.1	RACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES, GIVE WAR OF		1 TYES	2 NO Specify:	ruerto Ricen, stc.)		Black, White, etc. Specify: HITF
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPATION Work done during mose retired.)	N st of working	16b. KIND OF BUS		
Elementary/Secondary (0-12)	College (1-4 or 6+)						
8 YEARS		POLI	CE		BALTIM	ORE C	ITY MD.
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME			
WALTER OZAROW	SKI			ANTOIN	ETTE R	ENIK	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural Rou	te Number, City or Town	, State, Zip Cod	(o)
MRS. THERESA OZ	AROWSKI	321 E	ELRINO	STREET B	ALTO. M	D. 213	224
20a. METHOD OF DISPOSITION 1 🖹 Burlal 2 🗆 Cremation 3 🗆 Remo		20b. PLACE AND DAT	E OF DISPOSITION	(Name	DATE 20c. LO	CATION — City	or Town, State
4 Donation 5 Other (Specify)	oval from State	HOLY RUS	SARY	METERY	BALT	0. CO	. MD.
THE SIMMATURE OF FUNERAL SERVICE LIC	ENSEE		KACZO	ROWSKI F	UNERAL		MD. 21224
23. PART I. Enter the diseases, or o	complications that car	end the death. Do					
shock, or heert fellure.	List only one cause o	n each line.	not enter the mo	de or dying, such a	a cardiec of feati	atory arreat,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition	0-	1	1				Onset and Deat
resulting in death)	" LEZDAS	Hory H	rest				2/2
	A CCI I	A CONSEQUENCE O	PF):				11100
Sequentially list conditions,	14200	L COMPTONIENCE O					Sears
If any, leading to immediate ceuse. Enter UNDERLYING	DUE 10 (OR)	S A CONSEQUENCE O	F):				1,000
CAUSE (Diseese or Injury	DIGUETE	IS A CONSEQUENCE O	W400_				gens
that initiated events	LITA OA	IS A CONSEQUENCE O	r-):				1000
II resulting in death) LAST							
resulting in death) LAST	1.						1 2000
PART II. Other aignificent condition	s contributing to deet	h but not resulting	in the underlying	g ceuse given in Pa			24b. WERE AUTOPSY FINDINGS
	s contributing to deet	h but not reaulting	in the underlying	g ceuse given in Pa	PERFOR	MED?	AVAILABLE PRIOR TO
	s contributing to deel	h but not resulting	in the underlying	g ceuse given in Pa		MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	s contributing to deel	h but not resulting	in the underlying	g ceuse given in Pa	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other algolificent condition SIP BK SIP AK	s contributing to deel	h but not resulting			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificent condition PRE PRE PRE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	A N/90 A 8/90	2		g ceuse given in Pa	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificent condition PBK PR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpetlent 3 DOA	26. PI OTHER: 4 Nursing Hom	ACE OF DEATH (Check	only one)	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificent condition PBC PBC SPBC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	A N/90 A 8/90	Outpatient 3 DOA	26. PI OTHER: 4 Nursing Hom AE OF 28c. INJ	ACE OF DEATH (Check • 5 Residence 6 URY AT 2	PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificent condition PBK PR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 PERM 26a. DATE OF INJU (Month, Day, Ye.	Outpetient 3 DOA RY 28b. Tin	26. PI OTHER: 4 Mursing Hom AC OF 28c. INJ JURY WO 1	ACE OF DEATH (Check e 5 Residence 6 URY AT 2 RK? 2 NO	only one) Other (Specify) ad. DESCRIBE HOW is	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificent condition PBK 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 PERM 26a. DATE OF INJU (Month, Day, Ye.	Dutpatient 3 DOA RY 26b. Tile in) URY — At home, farm,	26. PI OTHER: 4 Mursing Hom AC OF 28c. INJ JURY WO 1	ACE OF DEATH (Check e 5 Residence 6 URY AT 2 RK? 2 NO	only one)	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificent condition P B 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inpatient 2 ERA 28a. DATE OF INJ (Month, Day, Ye) 28a. PLACE OF INJ building, etc. (Outpetient 3 DOA Pary 26b. Tile IN URY — At home, farm, Specify)	26. PI OTHER: 4 Nursing Hom AE OF 28c. INJ JURY WO 1 1	ACE OF DEATH (Check • 5 Residence 6 URY AT RK? YES 2 NO • 2	only one) Other (Specify) Bd. DESCRIBE HOW is City or Town, State)	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificent condition P B 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	HOSPITAL: 1 Inpatient 2 EPA/ 25a. DATE OF INJU 26a. PLACE OF INJ building, etc. (CIAN: To the best of my k	Dutpatient 3 DOA RY 26b. Till IN URY — At home, farm, specify) nowledge, death occur	26. PI OTHER: 4 Nursing Hom AE OF 28c. INJ JURY M 1 1 1 street, factory, offic	ACE OF DEATH (Check • 5 Residence 6 URY AT RK? YES 2 NO • 2 and place, and due to	only one) Other (Specify) Bd. DESCRIBE HOW is City or Town, State)	NJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificent condition P B 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined 298. CERTIFIER (Check only 1 CERTIFYING PHYSI	HOSPITAL: 1 Inpatient 2 ER/ 26a. DATE OF INJU (Month, Day, Ye. 28a. PLACE OF INJ building, etc. (CIAN: To the best of my k	Dutpatient 3 DOA RY 26b. Till IN URY — At home, farm, specify) nowledge, death occur	26. PI OTHER: 4 Nursing Hom AE OF 28c. INJ JURY M 1 1 1 street, factory, offic	ACE OF DEATH (Check • 5 Residence 6 URY AT RK? YES 2 NO • 2 and place, and due to	only one) Other (Specify) ed. DESCRIBE HOW a El. LOCATION (Street City or Town, State) the cause(a) and marrie, deta and place, an	NJURY OCCURI	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ED Rural Route Number,
PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ERA 28a. DATE OF INJU (Month, Day, Ye) 28a. PLACE OF INJ building, etc. (CIAN: To the best of my k ER: On the basis of axamin	Outpetient 3 DOA RY 26b. Tile in URY — At home, farm, specify) nowledge, death occur ation and/or investigati	26. PI OTHER: 4 Nursing Hom AE OF 28c. INJ JURY M 1 1 street, factory, officered at the time, data on, in my opinion, d	ACE OF DEATH (Check e 5 Residence 6 URY AT RK? YES 2 NO e 2 and place, and due to leath occured at the tin	only one) Other (Specify) Bd. DESCRIBE HOW is City or Town, Stelle) the cause(a) and man e, deta and place, an	NJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO Tural Route Number,

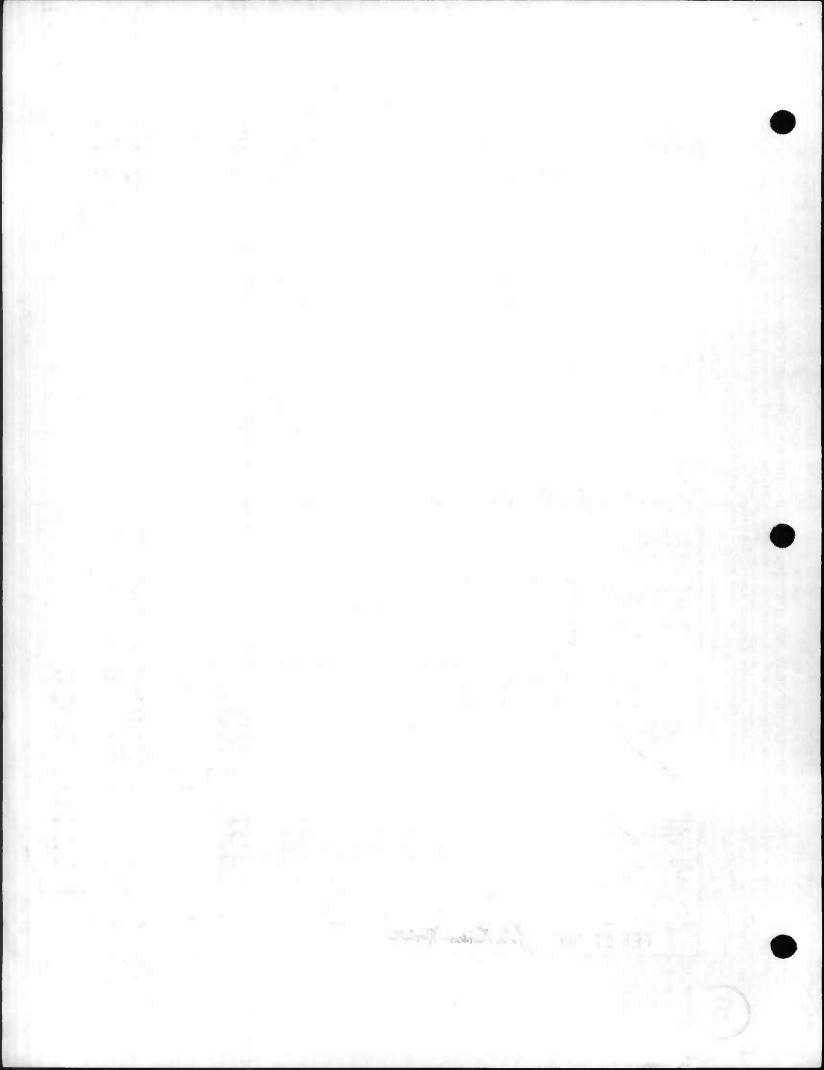
DHMH-18 Rev 1/89



31. DATE FILED (Month, Day, Year)
FEB 27

1991

10



ND 21215-0020

BALTIMORE,

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

盟 2

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO THE HOSPITAL OR ALLICIONS TO THE FUNERAL DIRECTOR: Af De filed within 72 hours after de IMPORTANT: If Item 28 Is

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 805 GASTON PHILLIPS 2 21 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 403-46-7314 MONTHS DAYS HOURS 1XXM 2 | F VBS 12-8-1938 9e. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF GEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 1310 North Washington Street 21213 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Bleck, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify. 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) CONSTRUCTION 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) GASTON PHILLIPS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) DOROTHY PHILLIPS 1725 E EAGER STREET BALTIMORE, MARYLAND 21213 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State CREEKIMOUNT BALTIMORE, MARYLAND 4 Donation 5 Other (Specify) in state 21. SIGNATURE OF FUNERAL SERVICE LICENSEE, Ronald Wade, Die 22. NAME AND ADDRESS OF FACILITY State Anatomy Board WALTIAMRE, HENDERAL HOME 1101 E NORTH 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart feliure. List pnly one cause on each line interval Between Onset and Death IMMEDIATE CAUSE (Finel Prostate Concer Metastatic resulting in death) OUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY HIVE 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1) Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 5 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED Natural M 1 YES 2 NO 2 Accident Investigation 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 8 Could not be determined 4 Homicide 29e. CERTIFIER

(Chack note of the cause) PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause) end manner ee atsted. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, War) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Johns Hopkins Hosp J. Craig 0 37. ANGISTRAPHO SIGNATURE Pandell

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF			YGIENE EG. NO.	7 1	03007			
4000	DECEDENT'S NAME (First, Middle, Last) JOHN RALPH	H PAVON				2. DATE OF C	23. 199	YEAR	3. TIME OF DEATH 1:22 P.M. M			
	- OCIALI		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	HETH	6. BIRTH	IPLACE (State or Foreign			
	2.0 12 017 1	1 □X M 2 □ F 69		MONTHS DAYS	HOURS MIN.	June Den	η)					
_	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN	OR LOCATION OF O	DEATH 9c. COUNTY OF DEATH						
PD.	Good Samaritan Ho	spital		Balti	more Cit	У						
DIRECTOR	Md . 10b. COUNTY			ry, town on Loc Baltimor					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	10a. STREET AND NUMBER				Of, ZIP CODE		100 C	TIZEN OF	WHAT COUNTRY?			
ERA	6222 Walther Avenu	ıe			21206		1.00	USA	WILL COUNTRY			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes,	CENDENT OF HISPA specify Cuban, Mexic 8 2 NO Speci	an, Puarto Ricar		14. RACI Blec Spec Whi				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT of Engine		TION nost of working	16b. KIN	D OF BUSINESS/II	NOUSTRY				
Σ	17. FATHER'S NAME (First, Middle, Last)	,	211921100		40 MOTHER'S M	AME /Elect Ministr	e, Maiden Surname	1				
BE CC	John Ralph Pavon				Margare							
10	M. Elena Pavon				Avenue				06			
	20a. METHOD OF DISPOSITION 1)(Burlel 2 Cremation 3 Ramon 4 Donation 5 Other (Specify)		o. PLACE AND DATE			Baltimore, Md.						
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 5305 Harford Road 21214 Leonard J. Ruck, Inc.											
	23. PART I. Enter the diseases, pr op shock, pr heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE	TACY	LYZARDÍA	•			Approximate interval Between Onset and Death			
NO	Sequentielly list conditions, b.	DUE TO (OR AS A	UR.									
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		DUE TO (OR AS A CONSEQUENCE OF): (OFERATA) 6 mm /									
CERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	contributing to death b	out not reaulting	In the underly	ing cause given li		PERFORMED? YES 2 NO	Y 24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck only one)						
SIC		HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 DOA	OTHER:	ome 5 - Residence	6 Other (Sp	oecify)					
/ PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	NJURY 1	NJURY AT WORK?	28d. DE\$CRIBE HOW INJURY OCCURED						
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined		28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural City or Town, State)									
COMPLETED	(Orlock Orly)	IAN: To the best of my know							(a) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	RIER / Clever m). 29c. LICENSE NUMBER / 29d. DATE SIGNED (1) 20 391 20 7/25										
2		FUACT. T	ND.									
	FEB 27 1991											



1887 1891 J. Later Section

#10c-f per F.H. 3/4/91 kam

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Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR					IVAI		DEAT			REG. NO			
1. DECEDENT'S NAME (First, I	Middle, Lest)									OF DEATH	00	YEAR 3.	TIME OF DEATH
PUNTE,	,HAZEL	E							MONT	near	(2	-24-9	1) m
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR	IF UNDER			OF BIRTH		6. BIRTHPLA	ACE (State or Foreign
216-01-173	6	1 M 2 XX	73	YRS.	MONTHS	DAY8	HOURS	MIN.	106	08 1	917	MA	RYLAND
9a. FACILITY NAME (If not inst	titution, give st	reet and number)			9b. CIT	Y, TOWN O	R LOCATI	ON OF DE	ATH		9c. COUN	TY OF DEAT	Н
SAINT JOSE	PH HOS	SPITAL				TOW	SON					BALTI	MORE
RESIDENCE OF DECI				T									
10a. STATE	10b. COUNTY					OR LOCAT			WSON	OMBERTS 7			d. INSIDE CITY LIMITS?
MD	Ва	altimore			MOLLI	HW00	-		ORE	UIII	10.00		YES 2 1,00
10e. STREET AND NUMBER	00 Dul	laney Va	llev Ro	ad		101.	ZIP COD	ロネロー	2120	14	10g. CITIZ	ZEN OF WHA	T COUNTRY?
6401-LOCH		BL VD					_ C±	モラブ				US	SA
11. MARITAL STATUS 1Never Married 2 N	Married	12. WAS DECEDENT FORCES?	NT EVER IN U.S.		13					N? (Specify Ye Rican, alc.)	n or No	14. RACE Black, W	American Indian, fhile, atc.
3 Wildowed 4 Divort		IF YES, GIVE	MAR OR DATES			1 TYES	2. NO	Specify	y:			Specify:	WHITE
15. DECE	DENT'S EDUC	CATION	180.	DECEDENT'S	E LISUAL (OCCUPATIO)NI		100	. KIND OF BU	SINESS/IND	USTRY	
(Specify only Elementary/Secondary (0-	highest grade	completed)		(Give kind of life. Do NOT u	work done	during mo	st of worki	ng	130	0. 30			
9th grade	12)	College (1-4 or 5	*)	Seams	tres	S				I.G. I	saacs	3	
17. FATHER'S NAME (First, Mic	ddle, Last)						16, MOT	HER'S NA		Middle, Malden			
John T.		rd								rriott	,	elwood	i
19a. INFORMANT'S NAME (Ty			I	19b. MAILING	G ADDRES	SS (Street a	nd Numbe			ber, City or Tox			
Carl Punte	, ,									ewood		21040)
20a, METHOD OF DISPOSITION	ON		20b. PLA	CE OF DISPO								City or Town.	Siste
1 M Burial 2 Cremation 4 Donation 8 Other		oval from Stata	othe Se	acred	Hear	t of	Jes	us					Maryland
21. SIGNATURE OF FUNERAL		ENSEE							CILITY	1 Home		- ,	
1	, -	Puren	,)/-	- G									076
Lasse		une	0 / 1	1115	- 1	1/1	OI = E	ie ka r	• Ra -	Ball T.C	Mo	1. 21	/ 20
22 DADT I deater the die													1270
ahock, or he	seasea, Dr c	complications the	et caused the	deeth. Do	not ente								Approximate
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ahock, or he IMMEDIATE CAUSE (Find disease or condition	ert fallure.	complications the List only one ce	et caused the	ling,	-		de of dy	ring, suc	h as cen	diec Dr resp			Approximate Interval Between
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within XXXVIII after the law retained by the hospital or attending DY THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-314

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) 1991 FEB 27



TO THE HOST ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL CHECKED: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours anner death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It fem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

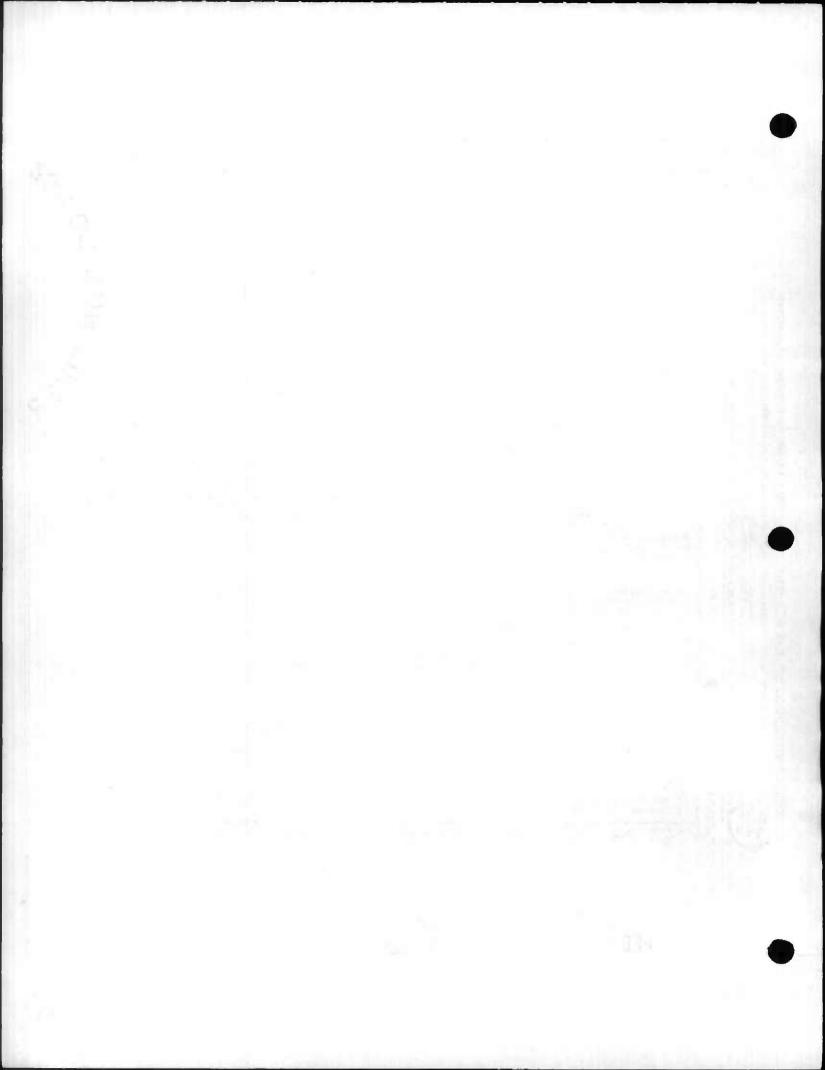
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYG						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н	3. TIME OF DEATH				
1	OLGA	RUNNER				FEB. 26	, 1991	10:30 A				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPLACE (State or Foreign				
	033-16-7478 9s. FACILITY NAME (If not institution, give	****	6/ YRS.	OTTHS DAYS	HOURS MIN.	NOV . 3	1923	MASS.				
œ		•	90.			AIH	9c. COUNT	Y OF DEATH				
DIRECTOR	4636 PARKSIDE DE	KIVE		BALTI	MORE							
교 교	10a. STATE 10b. COUNT	ΓY	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY				
5	MARYLAND		BA	LTIMOR	E			LIMITS?				
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?				
	4636 PARKSIDE DE	RTVE			21206		11	S. A.				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		ENGENT OF HISPAN	IIC ORIGIN? (Specif	y Yee or No- 14	4. RACE — American Indian.				
	1 Never Married 2 Merried	FORCES? 1 YES			city Cuban, Mexice: 2 NO Specify		:-)	Black, White, etc. Specify:				
R	3 Widowed 4 Divorced	A. 4. W. 1. S. 4. S. 5.						WHITE				
E	15. OECEOENT'S EDI (Specify only highest grad	UCATION le completed)	16a. OECEDENT'S USU (Give kind of work	done during mo	N it of working	16b. KIND O	BUSINESS/INDUS	STRY				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use rei	tired.)			MEST	ERN ELECTRIC				
COMPLET	NA	NA	ASSEMBI	LK			MEDI	EM BELOIKIO				
5	17. FATHER'S NAME (First, Middle, Linst)				18. MOTHER'S NA	ME (First, Middle, Mi	siden Surname)					
ᇤ	FRED EFINCH	UK			MARY	YANKO	VSKI					
2	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural F							
-	CAROL PYLE (DGH	TR)	601	FREEMC	NT RD.,	NOTTING	HAM, PA.	19362				
	20e. METHOD OF DISPOSITION 1 Buriel 2 T Cremetion 3 Res	mount from State	b. PLACE OF DISPOSITIO	ON (Name of cen	netery, cremetory or	20	c. LOCATION — CH	ty or Town, State				
	4 Donation 5 Other (Specify)		IATORY									
	21. SIGNATURE OF FUNDMAL SERVICE L	ICENSEE /	D ADDRESS OF FA		DO TWO							
	1 Prince	Leave			JNEK FUNI			MD. 21213				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OUE TO OR AS	A CONSEQUENCE OF):	Cal	cinon	9		Interval Betwee Onset and Deat				
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant condition	one contributing to death to Metan Handan		he underlyin	g cause given in	PE	AS AN AUTOPSY RFORMED?	RMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			24 84	ACE OF DEATH (Ch	eck only one!		II				
2	EXAMINER?	HOSPITAL:	o o	THER:								
2	1 YES 2 NO 27. MANNER OF CEATH	1 Inpatient 2 ER/Out 28s. DATE OF INJURY			Residence		OW INJURY OCCU	IREO				
	Natural 5 Pending	(Month, Day, Year)	INJURY	r Wo	RK?	200, DESCRIBE P	IOW INJUNT OCCU	MEO				
ā	2 Accident Investigation	28e. PLACE OF INJUR			261 LOCATION /S	Sanat and Mumbas a	r Rural Route Number,					
3	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	ecity)	it, tactory, orne		City or Town,		r Hurai Hodia Number,				
COMPLETED	and and	SICIAN: To the best of my know						j. ceuse(e) and manner as stated.				
O BE C	29b. SIGNATURE AND TITLE OF CERTIFI	Victoria	MBER 29d. DATE SIGNED (Month, Day, Year) ≥ 2/20/91									
=	30. NAME AND ADDRESS OF PERSON W	D BREHMS L	ANE MED. C		3400 BR	EHMS LAN	E, BALT	IMORE,MD.				
	31. DATE FILE EB 27 199	1 July David	NATURE SON-Randell									

is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should OH ATENDING PHYSICIAN; The law requires that the death certificate be executed within 2- nours after death, Page 6 may be retained by the hospital or attending physician. TO THE HOSPITED TO THE FUNERAL De filed within IMPORTANT:

	1 - STATE REGISTRA
	1. DECEDENT'S N
	CATHER
1	4. SOCIAL SECUR
,	216-01

	1 - STATE REGISTRAR	SIAIE UF M	AKYLANU /		ICATE					REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF OEATH	
	CATHERINE N	1. R	OBBINS	OBBINS					FEB. 24,1991			YEAR	6:30 A	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			B. BIRTHPLACE (State or Foreign		gn
	216-01-5130	1-5130 1□M2▽F			MONTHS	DAY8	HOURS	MIN.	SEPT	.13,1	914	Countr	RYLAND	10
	9e, FACILITY NAME (If not institution, give stre	eet end number)	76		9b. CITY,	TOWN 0	R LOCATIO	ON OF D				NTY OF D	EATH	
E	3449 JUNE WAY				1 7	RAT.T	IMOR	E					_	
DIRECTOR	RESIDENCE OF DECEDENT										1			
H	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O								10d. INSIDE CITY LIMITS?	
	MARYLAND -				BAI	LTIM							1 X YES 2 NO	,
FUNERAL	3449 JUNEWAY					101	212				10g. CIT		U. S. A.	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 K	MEO	H	yes, spe	ENGENT Cociety Cube	n, Mexica	NIC ORIGIN? (an, Puerto Ric fy:	Specify Yee an, etc.)	or No—	Black	ACE — American Indian, leck, White, etc. pecify: WHITE	
0	15. OECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e, DE	CEOENT'S	Work done of	CUPATIO	N at of working	207	16b. K	INO OF BU	SINESS/IN	DUSTRY	100	
	Elementary/Secondery (0-12)	College (1-4 or 5+) life.	Do NOT u	se retired.)					WN HO	OME			
M	NA	NA	I.	10MEN	IAKER					MN III	JELE			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) MICHAEL O'CONNOR								AME (First, Mid CA SCH		Surnema)			-
BE	19e. INFORMANT'S NAME (Type/Print)											0-41	,	
٩	RICHARD ROBBINS (S	SON)							Route Number, LE, BA				21237	
	20e. METHOO OF DISPOSITION Burlai 2 Cremetion 3 Remo		20b. PLACE	OF DISPO	SITION (Na	ma of cer	netery, cren	natory or		20c. LO	CATION -	City or To	own, State	
	M Burlei 2 Cremetion 3 Remo	val from State	GART		OF F	AITH	TH CEMETERY BALTIMORE, MD.							
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	SCHIMUNEK FUNERAL HOMES, INC. 3331 BREHMS LANE, BALTIMORE, MD. 21213													
- 1	23. PART I. Enter the diseases or co	omplications that	coursed the fire	eth Do									Approximet	-1
	shock, or heart/taflure. I IMMEDIATE CAUSE (Final disease or condition						e						Interval Bet Onset and I	ween
	resulting in death)	DUE TO	OR AS A CONSE	QUENCE (OF):								12 /	
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
AL	PART II. Other significant conditions	contributing to	deeth but not	reaulting	In the ur	nderlyin	g ceuse	given ir	n Part I. 2	4e. WAS AI	BMED?	241	WERE AUTOPSY FINE	
DICAL	B1 P01	an 20	de	e or	07	d	0			YES	2 NO	ı	COMPLETION OF CA OF GEATH?	USE
ME	Hypo	thy	6100	12	2	2							1 YES 2 NO	>
NA!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTMED: O													\Box
SIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient :	3 🗆 DOA	OTHEI 4 □ Nur		0 5 R	tesidence	6 🗆 Other	Specify)				
BY PHYSICIAN:	27. MANNER OF OEATH Netural 6 Pending Paccident Investigation	28e. DATE OF (Month, D	INJURY lay, Year)	28b, TI	ME OF IJURY M	W	HRY AT ORK? YES 2	□ NO	28d. OESC	RIBE HOW	INJURY O	CCURED		
9	3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At hetc. (Specify)	ome, farm	, street, fac	tory, offic	•		28t. LOCAT	TON (Street Town, State	end Numb	er or Rural	Route Number,	
COMPLET	(Check only	CIAN: To the best of												
CO	2 MEDICAL EXAMINE		xemination end/or	investigat	ion, in my	opinion,				ind place, d	-			ned.
BE	296. BIGHATURE AND TITLE OF CERTIFIES	3/2	n	-	V		D.C	SENSE NI	76	5	29d. D/	Z SIGNE	D (Mogth, Day, Youg)	1
5	DR. WILLIAM RENN					ALT	MORI	Ξ, Μ	D.				, ,/,	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE					-						
	JEB 27 1991		31. DATE FILED (Month, Day, Year) 92. BEGISTRAR'S SIGNATURE 92. BEGISTRAR'S SIGNATURE											



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

							91	050	11		
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF		MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)				•	2. DATE OF DEATH			OF DEATH		
	Edrica	Α.		R	owland	2 - 26		SYEAR 83	BO AM		
			s. last birthday)	IF UNDER 1 YEAR		7 DATE OF BIRTH		8. BIRTHPLACE (St			
		1 D M 2 X F 79	YRS.	MONTHS DAYS		(Month, Day, Year)	144	Country)			
	104-05-5450	_ / / / /	7110.			June 9, 19		Penna.			
	9a. FACILITY NAME (If not institution, give stre-			OR LOCATION OF DE		9c. CO	UNTY OF DEATH	- 1			
e l	Mercy Hospital			Ba	ltimore C	ity					
DIRECTOR	RESIDENCE OF DECEDENT							0.00000000			
H	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO				10d. INSI LIMI	TS?		
	Maryland Ba	ltimore		Du	ndalk			1 - YES	8 2 X NO		
A	10e. STREET AND NUMBER				101. ZIP CODE			TIZEN OF WHAT COU			
FUNERAL	2706 Old Nort	h Point Road			21222		U	nited Sta	tes		
Z		12. WAS DECEDENT EVER IN U.S		13. WAS C	ECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No-	14. RACE — Americ Black, White, at	can Indian,		
	1 Never Married 2 Married	FORCES? 1 YES 2		If yes,	specify Cuban, Mexica	n, Puerto Rican, atc.)		Black, White, at Specify:	ic.		
BY	3 Widowed 4 Divorced	IF TES, GIVE WAN ON DATE:	•	''''	ES 2 NO Specif	у.		Specify.	White		
Ω.	15. DECEDENT'S EDUCA	ITION 16	a. DECEDENT'S	USUAL OCCUPA	TIÓN	18b. KIND OF BUS	SINESS/IN	IDUSTRY			
E	(Specify only highest grade or	ompleted)	(Give kind of life. Do NOT u	work done during se retired.)	most of working				- 1		
2	Elamentary/Secondary (0-12)	College (1-4 or 5 +)	Incura	nce Cle	rk	Conne	ctio	cut Mutua	1		
COMPLETED	12 Yrs.		1113414	iice ore		ME (First, Middle, Maiden			-		
잉	17. FATHER'S NAME (First, Middle, Last)						,				
H	Edward F. Berker	meyer				he Soullia					
2	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
-	Elizabeth Friedel		2/0	6 Old N	orth Poin	t Rd. Balt.	., M	1. 21222			
1	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetery or 20c. LOCATION — City or Town, State other place) 20c. LOCATION — City or Town, State										
	4 Donation 5 Other (Specify) Beverly National 2/28/91 Beverly IOWNSNID N.J.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MILTON J. KNIGht Jr 22. NAME AND ADDRESS OF FACILITY 21214										
	Leonard J. Ruck, Inc. 5305 Harford Road										
	Muchon J.	mugati.									
	23. PART I. Enter the diseases, or/co	emplications that caused the ist only one cause on each		not enter the	node of dying, suc	ch as cardiac or respi	retory s		proximate erval Between		
				1							
	disease or condition resulting in death) s.	VENTRUCUL BUE TO (OR AS A CO S/f Abclom	AR D	VSMIT	nuits	(RESIST	DV)				
	resulting in deathy	DUE TO (OR AS A CO	INSEQUENCE C	OF): A	٨	2	^	. /			
7		SIP Abrom	101/41	ADRIDO	Hweir	45 Mg 165	8AT	R ++	der s		
CERTIFICATION		DUE TO (OR AS A CO	NSEQUENCE C	OF):							
X	if any, leading to immediate cause. Enter UNDERLYING										
표	CAUSE (Disease or Injury that initiated evente	DUE TO (OR AS A CO	NSEQUENCE (OF):							
1	resulting in deeth) LAST										
8	a.										
7	PART II. Other significant conditions	contributing to daeth but	not resulting	in the underly	ring ceuse given in	Part i. 24a. WAS AN			TOPSY FINDINGS		
0						1 YES 2			TION OF CAUSE		
								A000000	n'' S 2 □ NO		
Σ						_					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	best only one)					
\overline{c}	EXAMINER?	HOSPITAL:		OTHER:							
ΥS		# Inpatient 2 ER/Outpatie	-	1	loma 5 🗆 Raaldenca						
H	27. MANNER OF DEATH	(Month, Day, Year)	26b. TII	ME OF 28c.	INJURY AT WORK?	26d. DESCRIBE HOW I	NJURY C	CCURED			
В	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO						
	3 Suicide 6 Could not be	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm,	street, factory, o	ffice	261. LOCATION (Street City or Town, State)		per or Rural Route Num	ber,		
11	4 Homicide determined										
ا ت	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
COMPLETED	ana)	: On the basis of examination er							nner se stated.		
8			miles	, my opinio							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	A			29c. LICENSE NU		29d. D	ATE SIGNED (Month, D	lay, Year)		
10	mitter	This.			COCCI	43		2/25/9	1		
i i i	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (7/10	e Print)		•					

22

S. GROENC

PLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

UNALL

PREGISTRAR'S SOUTURE

SUBSTITUTE

SU

BUNAL THE BEGISTRAR'S GRANTURE JUNA DEVISOR

31. DATE FILED (Month, Day EEB 27

2120

Justine J. Normanor L.

9

DIVISION OF VITAL RECORDS,

permit, Pages 1, 2, 3 should use as the burial-transit death. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for once. 76 notified must be examiner completely filled in by the frial, cremation, or removal. nours after the medical executed within traumatic event, prior to burial, and attending physician ntal Hyglene prior to certificate be or other requires that the death the atten Injury, been signed by the shows any TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNEPAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If item 28 is marked, or Item 23 is

											-	00012	
FOR STATE REGISTRAR		STATE OF I					EALTH DEAT		MENTAL HYGIENI REG. NO.				
1. DECEDENT'S NAME (Firs	st, Middle, Last)								2. DATE OF DEATH DAY	,	YEAR	3. TIME OF OEATN	
CH	ARLES	L. ROB	INSON						FEB. 24,	19	91		М
4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last				irthday)								NPLACE (State or Foreign	
212-10-1	041	1 XM 2 - F	98	YRS.	MONTHS DAYS HOURS MIN.			MIN.	(Month 2017) 1892 VI		VI	RGINIA	
9a. FACILITY NAME (# not	institution, give at	reet and number)			9b. CITY	TOWN (R LOCATIO	ON OF DE	EATN	9c. COU	NTY OF D	DEATN	
1355 W.	NORTH	AVENUE	(RES.)		BA	LTI	MORE	CI	Ϋ́Γ				
RESIDENCE OF DE	CEDENT												
MARYLAND	10b. COUNTY						OR LOCATION IMORE CITY					10d. INSIDE CITY LIMITS? 1X YES 2 NO	
10e. STREET AND NUMBER	R	_	,	-		10	. ZIP CODI	E		10g. CIT	IZEN OF	WHAT COUNTRY?	
1355 W. N	ORTH A	AVENUE					21	217		U	JSA		

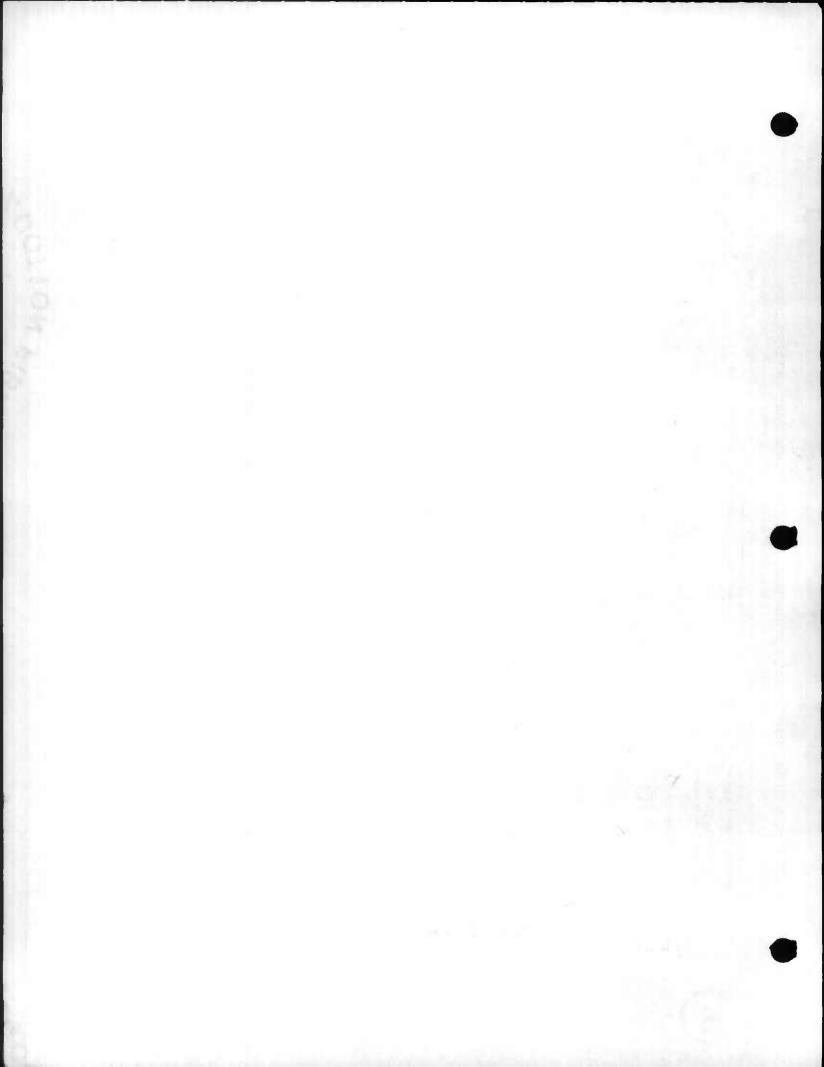
4. SOCIAL SECURITY NUMBER 212-10-104 9a. FACILITY NAME (If not instituti DIRECTOR 1355 W. NO RESIDENCE OF DECED 10a. STATE MARYLAND FUNERAL 10e. STREET AND NUMBER 1355 W. NOR 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 1 Never Married 2 Married Specify: BLACK BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest most of working (Give kind of work done life. Do NOT use retired.) ET Elementary/Secondary (0-12) Collega (1-4 or 5+) COMPLI 18. MOTNER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) SALLY ROBINSON SEATON ROBINSON 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1355 W. NORTH AVENUE: BALTIMORE, MD 21217 ANN BLAIR ROBINSON 20s. METHOD OF DISPOSITION

X Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State ARBUTUS MEMORIAL PARK ARBUTUS, MARYLAND 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND AODRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) avanoma DUE TO (OR AS A CONSEQUENCE OF) Chronce CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMEO? 1 YES 2 PINO 1 YES 2 NO PHYSICIAN: 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Nome 5 K Residence 8 🗆 Other (Specify) 27. MANNER OF DEATN 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1- Natural 5 Pending 1 YES 2 NO BY **Investigation** 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) B Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 286. SIGNATURE AND SITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

1218 FEB 27 199 **FEB 27**



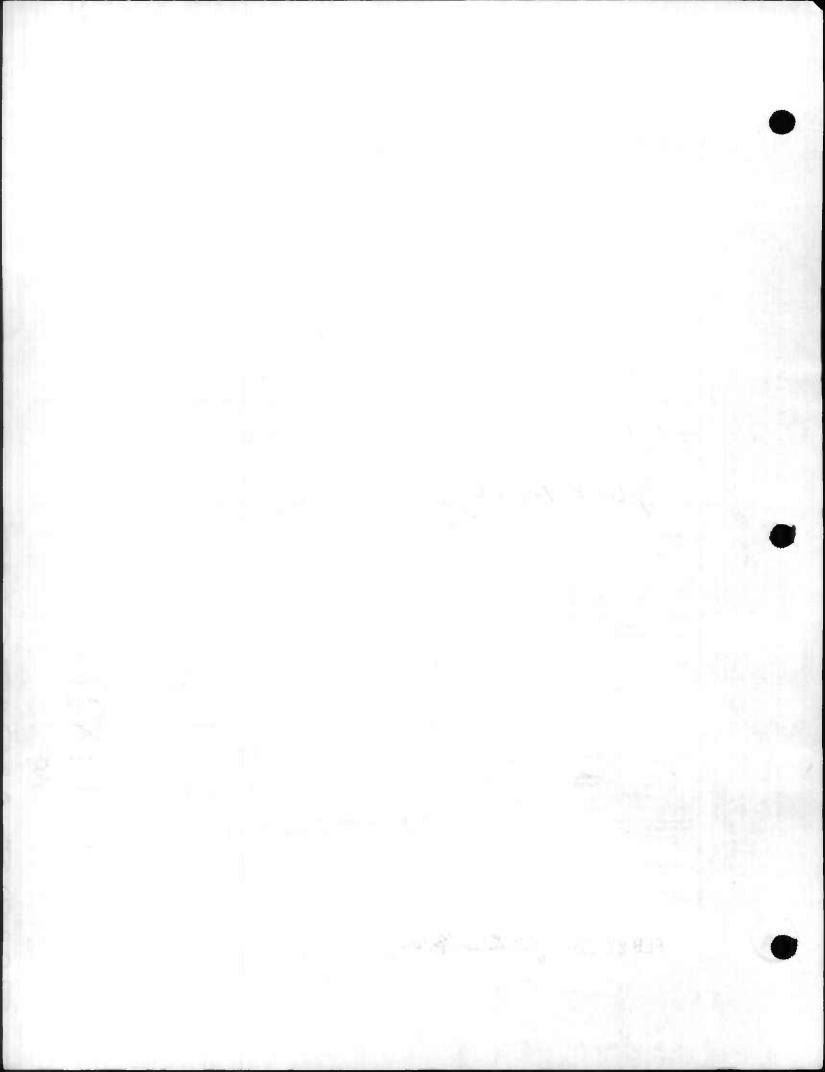
BALTIMORE, MARYLAND 21215-0020	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be escured within 24 frours after death. Page 6 may be retained by the hospital or attending physicis	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-4
B	4 hours after	filled in by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	aw requires that the death certificate be executed within 24	s been signed by the attending physician and completely fi
DIVISION OF VITAL	TTAL OR ATTENDING PHYSICIAN: The Is	RAL DIRECTOR: After this certificate has

ctor, page 5 should be detached for use as the burial-fransit permit. Pages 1, 2, 3 should 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page to may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN REG. NO.		03073				
1. DECEDENT'S NAME (First, Middle, Las Anna Etta Rut		lpley			2. DATE OF CEATH DO 2-26-1991		3. TIME OF OEATH 12:15 P				
4. SOCIAL SECURITY NUMBER 212-03-6588	1 □ M 2XXXF	(In yrs. lest birthday)	7. DATE OF BIRTH (Month, Day, Year) 11-9-1899	6.	BIRTHPLACE (State or Foreign Country) (aryland						
9a. FACILITY NAME (If not institution, given 5511 Norwood AV			Balti	NOTE	EATH	Balt:	of DEATH				
1	Ga. STATE 10b. COUNTY						10d. INSIDE CITY LIMITS? 1XXYES 2 \(\text{NO} \) NO				
10e. STREET AND NUMBER 5511 Norwood Av	*	1.	altimor	10f. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 2 100	If yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)		. RACE — American Indian, Black, White, etc. Specify: White				
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)			work done during se retired.)	TION most of working	16b. KIND OF BU		ТНҮ				
8th Grade 17. FATHER'S NAME (First, Middle, Last)		Chief 0	perator	T to MOTHER'S NA	C & P T	-	one Co.				
Murray James Wi	scott				Louise Sch		4				
19e. INFORMANT'S NAME (Type/Print)	0000	19b. MAILING	AODRESS (Street		Route Number, City or Tow						
Mrs. Patricia White 3612 Coronado Rd. Baltimore,							207				
20e. METHOD OF DISPOSITION 1 Buriel 22CMCremellon 3 R. 4 Donation 6 Other (Specify)	emoval from State	Ob. PLACE ANO DAT	E OF OISPOSITION	N (Name	OATE 20c. LO	CATION — CIT					
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1	Lori		Funeral Di Rd. Randa						
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. UREMA DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algorificent condit	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.						24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year	Y 265 TII	ME OF 28c.	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	MA-	RED				
2 Accident Investigation 3 Suicide 6 Could not 1 4 Homicide determined	26e. PLACE OF INJUI	RY — Al home, farm,	streel, factory, o	ffice	251. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
and and	YSICIAN: To the best of my kno										
one) 2 MEDICAL EXAM	INER: On the basic of examinat	tion end/or investigati	on, many opinion	i, death occured at the	s time, care and proce, c		cause(e) end manner ee stated.				
296. SIGNATURE AND TITLE OF CERTS		7		29c, LICENSE NU			SIGNED (Month, Day, Year)				



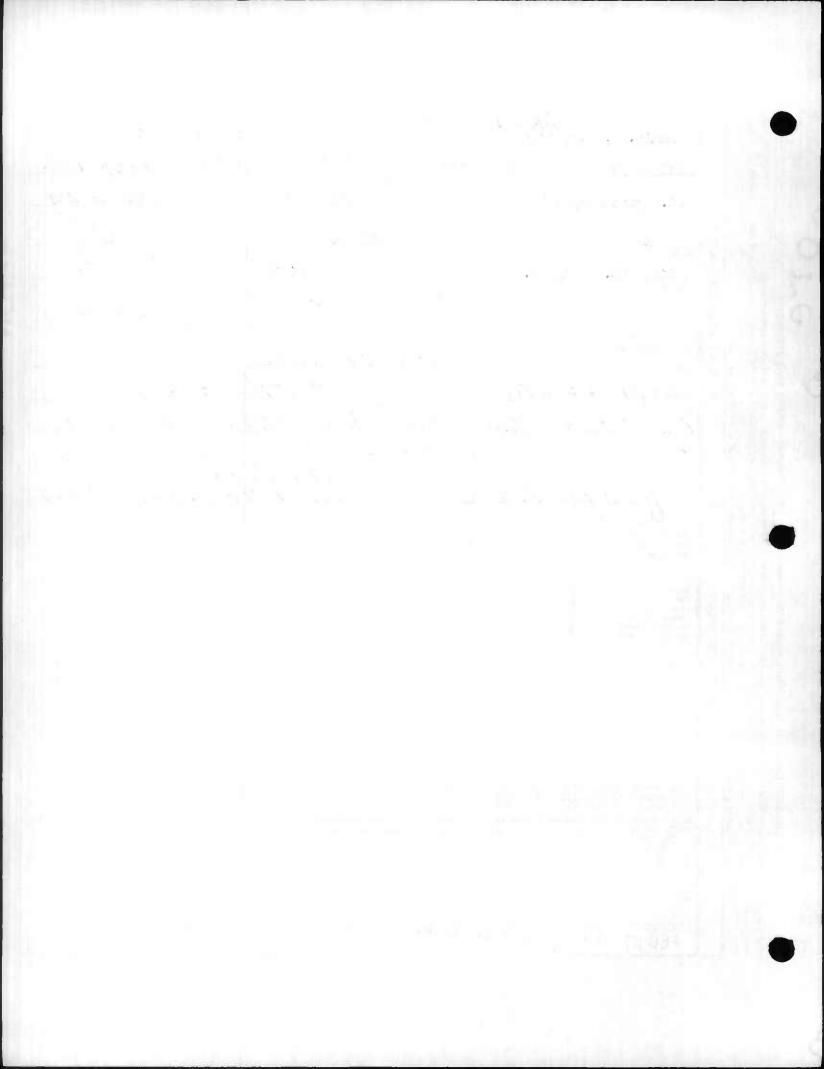


TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a most death. Fage 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

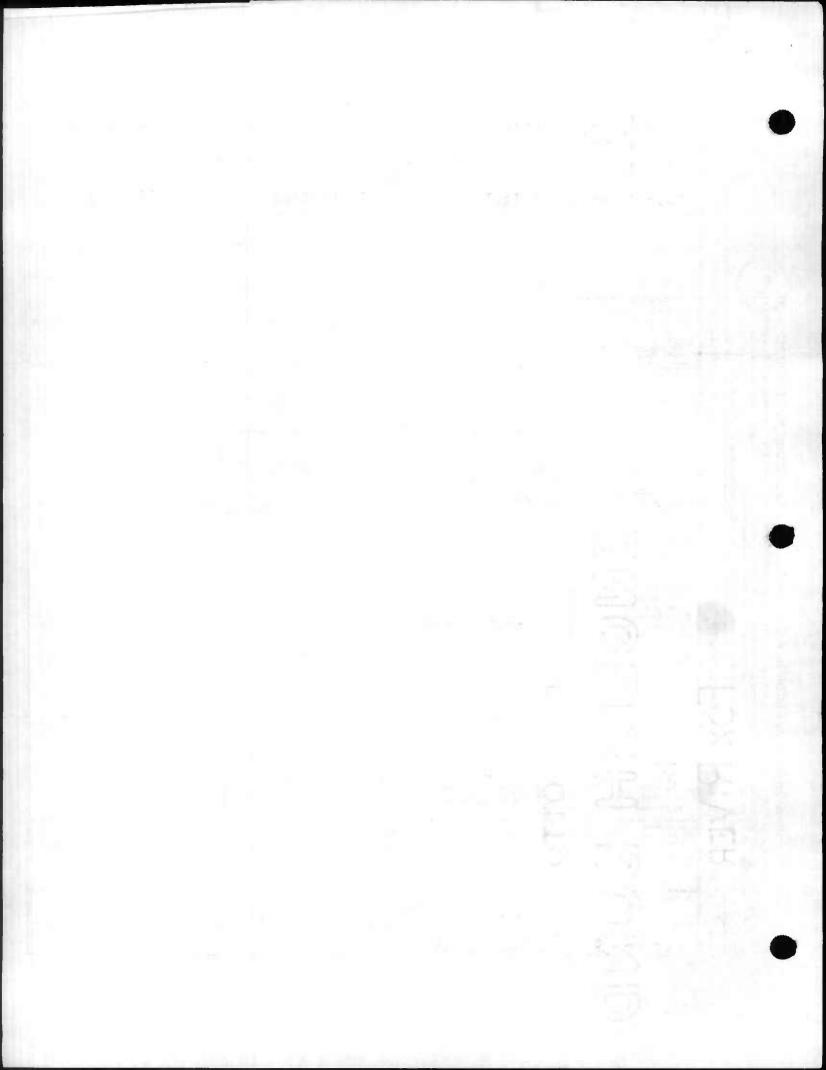
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last) AKA DUKKEHT 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH											3. TIME OF DEATH	
	Annie, O. Stevenson									02 / 24 / 91 11 HSPM			
	4. SOCIAL SECURITY NUMBI	ER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yea	r)	B. BIRTH	PLACE (State or Foreign
H	212322552		102							WA.	Sp. O.C.		
<u>بر</u>						Baltimore City							more City
5	St. Agnes Hospital RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c.					Y, TOWN (- N			10d. INSIDE CITY
DIRECTOR						Balti							LIMITS?
	MD 10s. STREET AND NUMBER							. ZIP CODI	E		10g. CI	TIZEN OF W	HAT COUNTRY?
ER/	2147 Mt.	Holly	St.					2	21216	5		0,5	5, 14,
FUNERAL	11. MARITAL STATUS 1 Never Merried 2		12. WAS DECEDE	T EVER IN U.S. ARI						IIC ORIGIN? (Specif n, Puerto Rican, etc		14. RACE Black	Americen Indien, , White, atc.
BY	3 Widowed 4 Divor			WAR OR DATES				2 N O				Book	nek
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY													
Elementary/Secondary (6-12) College (1-4 or 5+) Elementary/Secondary (6-12) College (1-4 or 5+) Elementary/Secondary (6-12) College (1-4 or 5+)													
SO	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme)												
H	JOSEP /)	rpe/Print)	Kelj	196	MAILING	3 ADDRES	S (Street)	and Number	or Rural I	Poute Number, City o		LID Code)	.10
2	MRS. SH	irk	y mi	245 2	14%	7 m	T.	6//	151	t. BALI	0,7	rd.	2/2:16
	20e. METHOD OF DISPOSITION 1 Department 2 Cremetto 4 Donation 5 Dother	n 3 🗆 Ram	oval from Stata	206. PLACE of the pig	OF DISPO	SITION (N	eme of ce	metery, cryf	entory or	200	Bol	- City or To	wn, State
	21. SIGNATURE OF FUNERAL		ENSEE	2	100	221	NAME A	ND ADDRE	S OF FM	CHATY SE /	11110	vis/	Home
	* Reserve d. Purs 2222 W. North Are Balta and 21216											1,21216	
	23. PAIN Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory erreat, shock, or heart fellure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final												
	disease or condition resulting in death)	→	e	O (OR AS A CONSEC	UENCE C	alu PF:	24	(M	ert			-
z	Sequentially list conditions, b. Ashuation Mamonia												
ATIC	Sequentially list conditione, if eny, leading to immediate cause. Enter UNDERLYING									i l			
CERTIFICATION	CAUSE (Disease or inju- that initiated events		c. DUE TO	O (OR AS A CONSEC	UENCE C	O())U	1.04	Λ	2	3 chris	5 000		
ERT	resulting in death) LAS		d								<u> </u>		
	PART II. Other eignifice	nt condition	e contributing t	o deeth but not r	esulting	In the u	nderlyir	g ceuse	given in		S AN AUTOPS	Y 24b	. WERE AUTOPSY FINDINGS
EDICAL	ASC	QV									RFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME										_			1 YES 2 NO
Ä	25. WAS CASE REFERRED TO	O MEDICAL											
SICI/	EXAMINER?	O MEDICAL	HOSPITAL:	☐ ER/Outpatient 3	□ nos	OTHE	R:		``	8 Other (Specify			
PHYSICIAN	27. MANNER OF DEATH		28e. DATE C		28b. TII		28c. IN	JURY AT	esidence	28d. DEŞCRIBE H		CCURED	
ВУР		Pending Investigation				M	1 🗆	YES 2 [□ NO				
		Could not be detarmined	28e. PLACE building	OF INJURY — At he p, etc. (Specify)	me, farm,	atreet, fac	ctory, offi	ce		28f. LOCATION (S City or Town,	treet end Numb Stele)	ber or Rural i	Route Number,
PLE	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best	of my knowledge, de	ath occur	rred at the	1lme, dat	a and plac	e, and due	to the cause(e) en	d menner as s	stated.	
COMPLETED	anal	ICAL EXAMINE	ER: On the beels of	examination end/or	Investigat	lon, in my	opinion,	death occu	ired at the	time, date and pla	ce, end due to	the ceuse(e) end menner ee stated.
BE 0	29b. SIGNATURE AND TITLE	OF CERTIFIE	Я	Physica	o-			29c. LIC	ENSE NU		29d. D		(Month, Day, Year)
2	30. NAME AND ADDRESS O	F PERSON WI	10 COMPLETED CA			oe, Print)				10215	0		
	31 DATE EN EQ (About) On	No. C	AIIC M	U HTS	34	Par	n V	lezn	4	prone	BACI	mor	e MOZIZIS
	FEB 27 19	391	guia Daire	AR'S SIPPOPULED	_								



BALTIMORE, MARYLAND 21215-0020	1.24 hours after death. Page 6 may be retained by the hospital or attending process.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal termin. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending after the property of a second or attending after the property of the propert	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funite filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O			WEAR	3. TIME OF OEATH
	Jerry A. S	purling							02 05			91 10:40 pmm	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER			R 24 HRS.	7. DATE O			8. BIRT	HPLACE (State or Foreign
	234-62-3888	1 XM 2 - F	51	YRS.	MONTHS	DAYS	HOURS	MIN.	01	OI 1	940		shire County,WV
	9a. FACILITY NAME (If not institution, give			9b. CITY,	TOWN (R LOCAT	ON OF OE	ATH			JNTY OF		
FUNERAL DIRECTOR	Sacred Heart	Hospita	1		(Cuml	berl	and			Allegany		
ñ l	10a. STATE 10b. COUNT		-	10c. CIT	Y, TOWN C	R LOCA	ION	_					10d, INSIDE CITY
5	W.Va.	Mineral			Ke	yser							1 ☐ YES 2 € NO
A	10e. STREET AND NUMBER						ZIP COD	E			10g. CIT	TIZEN OF	WHAT COUNTRY?
E	Rt. 2, Box 1						26	726				US	A
5	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married FORCES? 1 ☐ YES 2 ☐								NC ORIGIN?		a or No-	14. RAC	E — American Indian, k, White, stc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced							Specify		carr, etc.;		Spec	
	15. OECEDENT'S EOU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b.	CIND OF BU	ISINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	live kind of a Do NOT us	e retired.)	aunng mo	BT OF WORK	ng					
4	12	100.000		Wel	der					Wel	lding		4
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MQT	HER'S NA	ME (First, M	ddle, Meider	Surname)		
BE	Unknown						Cl	ara	R.	Spur:	ling		
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street	and Numbe	or or Rural I	Route Numbe	r, City or Tox	vn, State, Z	(p Code)	
	Mrs. Cherian P.	Spurling							r, W.			_	
	20a. METHOD OF DISPOSITION 1 → Burlal 2 □ Cremation 3 □ Ren	oval from Stale	20b. PLACE	cremator	or other n	lace)			DATE		OCATION -		- Committee of the comm
	4 Donation 5 Dother (Specify) Potomac Memorial Gardens 2/7/91 Keyser, W. Va. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE												
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	-		22.	NAME A	ND ADDRE	SS OF FA	CILITY	5	25 5	Mai	n St.
	Draw I	Smit	16		R	otru	ck F	uner	al Ho				.Va. 26726
FICATION	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): British Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
E	resulting in death) LAST	d											
4: MEDICAL CERTIFICATION	Brain etem in faut Performed? 1 yes 2 pmo Marable Prior to completion of CA of Death? 1 yes 2 no								b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF	DEATH (Ch	eck only one)			
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient :	DOA	4 Nur		ne 5 🗆 F	Residence	6 🗆 Other	(Specify)			
ΉÝ	27. MANNER OF DEATH	28a. DATE OF	F INJURY Day, Year)	26b. TIN	NE OF	28c. IN	JURY AT		28d, DES	CRIBE HOW	INJURY O	CCURED	
BY PHYSICIAN:	1 Natural 5 Pending 2 Accident Investigation	/	VIA		112M		YES 2	□ NO		NII	12		
ED	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE (building	OF INJURY — At h., etc. (Specify)	ome, farm,	street, fac	tory, offi	ea .		28f. LOCA City o	TION (Street r Town, State	t and Numb	er or Rural	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS												(a) and menner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIC	ER .	n				29c. LIC	CENSE NU	MBER		29d. D/	ATE SIGNE	D (Month, Day, Year)
00	so sham ma	d Rhal	an, m	0			Di	893.	2		•	2-	11-91
10	30. NAME AND ADDRESS OF PERSON W MOHAMMAD SHAFTI			EM 27) (Type		CI			o, MD	215			
			J _ J _ J _ J _ J _ J _ J _ J _ J _ J _				المقالمة			411	114		

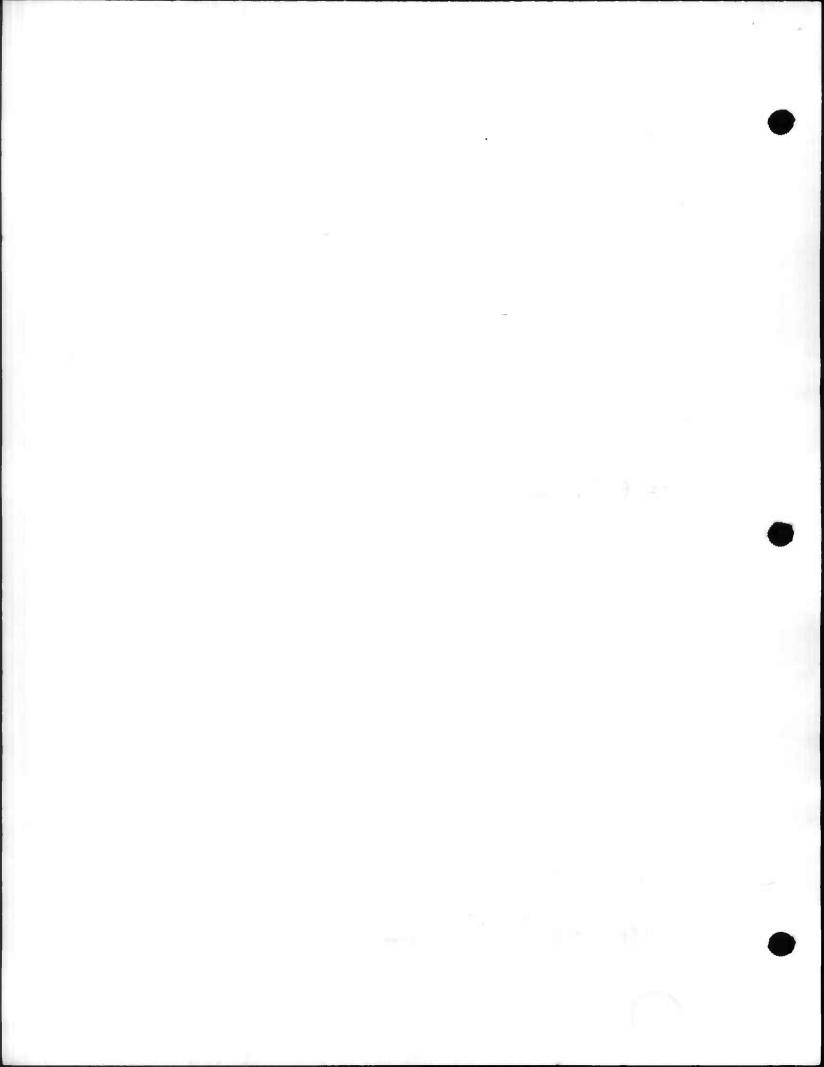


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					IENTAI	REG. NO.	•		00010
	1. DECEDENT'S NAME (First, Middle, Last)		02					2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	Edward James Sche	pleng Sr.						_2	2		21_	1:50_A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday) 2 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. OATE	OF BIRTH	0	Country)	LACE (State or Foreign
					TOWAL O	BLOCATI	2N 05 05		19/19	9c. COUNT	Y OF DE	Md.
œ		9e. FACILITY NAME (If not institution, give etreet and number)				9b. CITY, TOWN OR LOCATION OF OEATN						
6	RESIDENCE OF DECEDENT	, Ft. Howar	/			lowar	·d			ore		
DIRECTOR	Md. Balt	imore		y, town o			ındal	h			- 1	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	THOLE	De	атсы		ZIP CODI		-K		10o. CITIZE		1 YES 2 NO
FUNERAL	7665 Old Battle G	morro Dd				2122						
3	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 4 YES	IN U.S. ARMED			ENOENT C	F NISPANI		f? (Specify Yee Ricen, etc.)	American Indien, While, stc.		
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES				Specify:		ricen, etc.)		Specify	
	15. DECEDENT'S EDUC	Navy ~ WWI	16a. DECEDENT'S	USUAL O	CCUPATIO	iN .		16b	. KIND OF BUS	INESS/INDU	STRY	WIII CC
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of ille. Do NOT u	work done	during mo	st of working	9					
틸	6th Grade	1247 21	Shipfi	tter					Sparroi	us Poa	int.	Shipyard
8	17. FATHER'S NAME (First, Middle, Last) William J. Scheple	one				_			Middle, Maiden	Sumeme)		
BE	19a, INFORMANT'S NAME (Type/Print)	eng	105 MAII 164	ADORES	C (Chant o		ma I		ber, City or Town	a Otata Fin (Paris I	
임	Doris Bavota											
	20s. METHOD OF DISPOSITION 1A Burlal 2 Cremation 3 Remo	20	b. PLACE OF DISPO	SITION (N	ame of cen	netery, cren	natory or	altı	20c. LO	CATION — CI	ity or Tow	n, State
	4 th Donation 6 D Other (Specify)	100	ak Lawn	Ceme	teru	2/2	26/91		Ba	ltima	70	Maryland
	22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundall 7922 Wise Ave., Dundalk, Md. 212										alk, Inc.	
	SKILL				7922	2 Wis	se Av	e.,	Dunda]	lk, Mc	1. 2	1222
	23. PART I. Entar tha diseases, or co ahock, or heart fallure. L			not enter	the mo	de of dy	ing, such	as care	diec or respi	ratory arre	at,	Approximata Intervai Between
	IMMEDIATE CAUSE (Final disease or condition MESOTHET TOMA										Onset and Death	
	a. MESOTHELIOMA OUE TO (OR AS A CONSEQUENCE OF):											
z	Sequentially list conditions, CHRONIC OBSTRUCTIVE PULMONARY DISEASE											
일	Sequentielly list conditions, If any, leading to immediate cause, Enter UNDERLYING											
	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE O	NF):								
CERTIFICATION	resulting in death) LAST	L										
	PART II. Other algnificant conditions	a contributing to deeth	but not resulting	In the u	nderlyin	Cause	niven in	Part i	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
S							9		PERFOR	MEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
4ED									1 1 763 2	X		OF DEATH?
ÿ												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF C	EATN (Che	ack only o	ne)			
PHYSICIAN: MEDICAL	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou		4 🗆 Nu	rsing Nor	URY AT	esidence	-	scribe HOW I	N II IIIW OCCI	ADED.	
古	Natural 5 Pending	(Month, Day, Year)	200. IN	JURY	WC.	PRK?	¬ NO	200. DE	SCHIBE HOW I	NJUNT OCC	DHED	
) BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJUR	IY — Al home, farm,	atreet, fac					CATION (Street		or Rurai A	oute Numbeç
Ē	4 Homicide determined	building, etc. (Sp	өслу)					City	or Town, State)			
COMPLETED	(Criscia Gray	CIAN: To the best of my kno	wledge, death occur	red at the	time, date	and place	, end due	to the ce	euse(e) end me	nner ee state	d.	
Š Š	2 MEDICAL EXAMINER	R: On the basis of examinat	on and/or investigat	ion, In my	opinion, d	leath occu	red at the	time, dat-	e and place, ar	nd due to the	cause(s)	and manner es stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	Kono WALL	7				ENSE NUN			0.00		(Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	J SEATH (ITEM 27) (3-	a Print!		Do	63	15		▶ 2/	23/)I
•	VA Medical Center				2							
	31. DATE FILED (LET B 27 199										_	
	■ FED Z7 199	1 guna Davy	don-Hande									



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FOR STATE REGISTRAR

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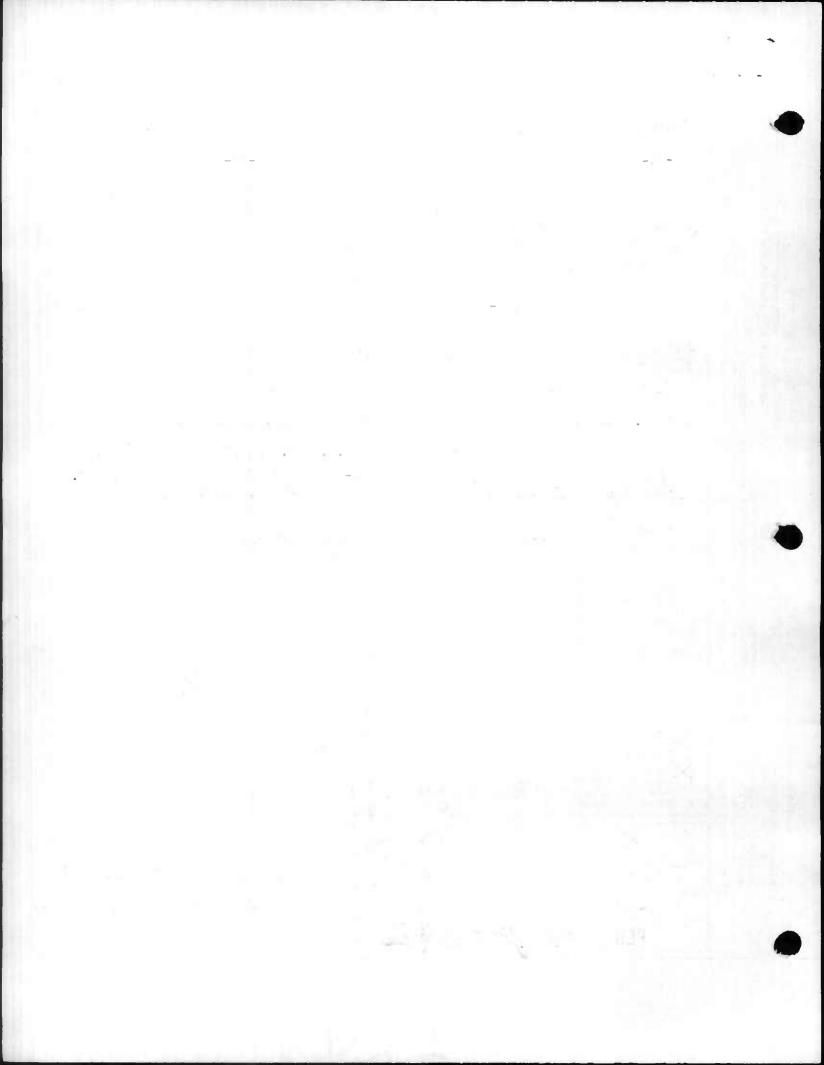
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	RA
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	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$10.00

1. DECEDENTIA NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 0400 WALTER LEROY SHRIVER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) 02-16-1926 DAYS HOURS 217-20-2234 1 M 2 - F YRS Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR 2519 McComas Avenue Dundalk Baltimore RESIDENCE OF DECEDENT Maryland 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Dundalk 1 YES 2XX NO permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2519 McComas Avenue 21222 USA page 5 should be detached for use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: Navy - WII BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTR nentary/Secondary (0-12) College (1-4 or 5+) 7th Grade Uniform Cutter G & G Uniforms 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Sumi Winfield Scott Shriver notified at Laura Mae Steinfort BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (Type/Print) 2 Larry L. Shriver 2519 McComas Avenue, Baltimore, MD e 20a. METNOD OF DISPOSITION
1 M Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State must in by the funeral director, removal. Garrison Forest V.A. Cem. 2/28/1 Owings Mills. examiner 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 7922 Wise Avenue, Baltimore, MD medicai 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory street, shock, or poer feiture. List only one cause on each line. Interval Batween 6 **Onset and Death** IMMEDIATE CAUSE (Final cremation, shows any injury, or other traumatic event, the disease or condition resulting in death) DUE TO (OR AS A CONSCIOUENCE OF): and com CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to t If sny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Wental H PART II. Other significant conditions contributing to death but not resulting in the underlying ceuss given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL signed by the COMPLETION OF CAUSE 1 TYES 2 NO 1 | YES 2 | NO been of of has be. Dept. PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA | 4 | Nursing Nome 5 | Residence 6 | Other (Specify) EXAMINER? 28 is marked, or 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c Natural 5 Pending Investigation 1 YES 2 NO BY After 1 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be DIRECTOR: hours after COMPLETED 4 Nomicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT De filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE DO 7632 - 10-sum Honovan 7-2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DUNDALK AVE. J.C.ROSSBN MAYOUNDERO BALTU., MD. 21222 2112 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) FEB 27 Julia Savidson-Randell 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



TO BE COMPLETED BY FUNERAL DIRECTOR

13146,	
BOX	
<u>о</u> .	
_	
RECORDS,	
VITAL	
OF	
IVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within constructions of the flower of the hospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

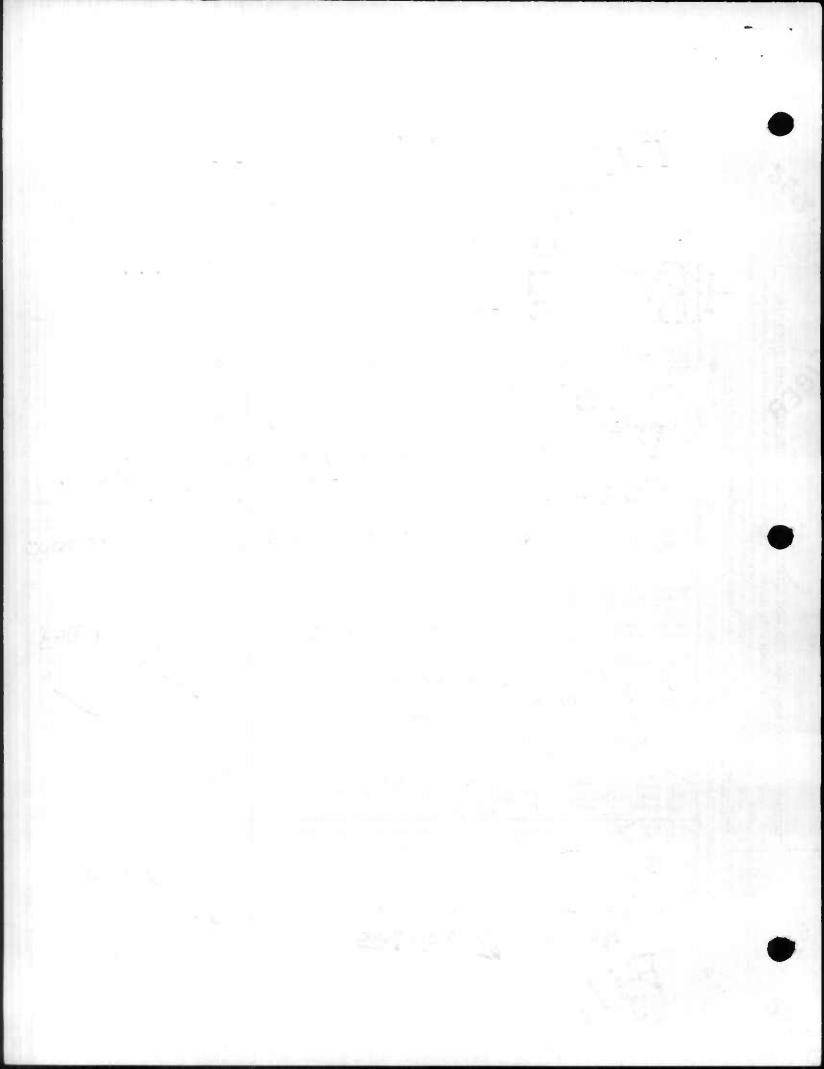
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
JOSEPH ED(I)AF	RD STEPHENS. SR.	2. OATE OF DEATH MONTH DAY FEBRUARY 24,
	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7, DATE OF BIRTH

)	1. OECEDENT'S NAME (First, Middle, Last) 2. OATE OF DEATH MONTH DAY YEAR										
	JOSEPH EDWARD	2:59 PM M									
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs		UNDER 1 YE		DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign	
i	217-07-2004 1 XM 2	□	YRS. MONTHS DAYS HOURS MIN. 03-02 28 00 1915							lyland	
H.	ae. FACILITY NAME (If not institution, give etreet and num THE JOHNS HOPKINS HOSE				MN OR LOC MORE	ATION OF DE	ATH	7.00	TIMOI	RE CITY	
5	RESIDENCE OF DECEDENT									and whomat every	
DIRECTOR	No Carolina Davison	Lex	ingto					10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
4	10e. STREET AND NUMBER				10f. ZIP C	ODE		10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	1303 Raleigh Road				2	7292		u.	S.A.		
5		CEDENT EVER IN U.S	. ARMED	13. WAS	DECENDEN	IT OF HISPAN	IIC ORIOIN? (Specify 1 in, Puerto Rican, etc.)	fea or No-	14. RACI	E — Americen Indien, k, White, atc.	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCE FYES.	MY-WWII		10	YES 2	NO Specify	y:		Spec	White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a	Give kind of wor life. Do NOT use i	K done durin	PATION og most of w	orking	16b. KIND OF E	BUSINESS/IN	DUSTRY		
COMPLETED	8th Grade College (1		Car Car				Ancho	r Moto	or Fr	reight	
Š	17. FATHER'S NAME (First, Middle, Last)				16. N	OTHER'S NA	ME (First, Middle, Meid	en Sumeme)			
BE	William Joseph Stephen	8			t	Anthor	ria Ann Ho	anslsi	ing		
10	19a, INFORMANT'S NAME (Type/Print)						Route Number, City or 1				
	Patricia Johnson	l second								and 21224	
	20c. METHOD OF DISPOSITION **ABurlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20c. Document							MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dunda									Ph Tuo	
	Scall P.	Janes	2m	792	2 Wi	se Ave	enue, Bal	timore	2. MI	21222	
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only of			enter the	mode of	dying, suc	th ea cerdiec or re	apiratory e	rrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final	1-16	0	di	6.4	- L. M	(Onset and Death	
	immediate cause (Final disease or condition resulting in death) a. Challas arrhythma								1-9 DANS		
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, fit any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CAT	cause. Enter UNDERLYING				A						
E		CUB / AS A CO	NSEQUENCE OF	1		1					
H	resulting in death) LAST	Golan	orus of	-10	neve	//				1 049	
	PART IL Other aignificant conditions contribu	ting to death built i	not resulting in	the unde	rlying cau	se given in	Part I. 24a. WAS	AN AUTOPS	7 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDICAL	Score Athroscler	osciof.	Solla					2 70		COMPLETION OF CAUSE OF DEATH?	
밀	Reval Falline									1 TES 2 NO	
_	Consestive Heart	farlar	Le-								
¥	25. WAS CASE AFFERHED TO MEDICAL HOSPIT	7			26. PLACE (OF DEATH (C	heck only one)				
Sic		AL: ent 2 - ER/Outpatia		OTHER: Number	Home 5	Residence	6 Other (Specify)				
PHYSICIAN:		DATE OF INJUNY Month, Day, May	26b. TIME/		ic. INJURY / WORK?	AT .	28d. DESCRIPE HO	W INJURY O	CCURED		
BY	Natural 5 Pending 2 Accident Investigation	MA	14/14		1 YES	2 NO	1914				
	6 Could not be	PLACE OF INJURY — Dullding, etc. (Specify)	At home, farm, sti	reet, factory	, office		281. LOCATION (Str. City or Town, St		er or Rural	Floute Number,	
E		NIA									
COMPLETED	29a. CERTIFIER 1 CERTIFVINO PHYSICIAN: To th										
Ö	one) 2 MEDICAL EXAMINER: On the b	nele of examination er	nd/or investigation	, in my opin	ion, death	occured at the	a time, date end place	, end due to	the cause	e(e) end menner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c.	LICENSE NU	MBER	29d. D/	2/2	D (Mont), Day, Year)	
10	30. NAME AND ABDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH	(ITEM 27) (Type, I	Print)		100	1) 11/06-	01.	Self	n n n n 1276	
	31. DATE FILED (Month, Day, Year) 32. F	EGISTRATE SIGNATE	IRE YO	1.00	`~	600	N. Walfe	, 81.	1004	word, with	
	FEB 27_1991	guha Da	rason-nan	and a							



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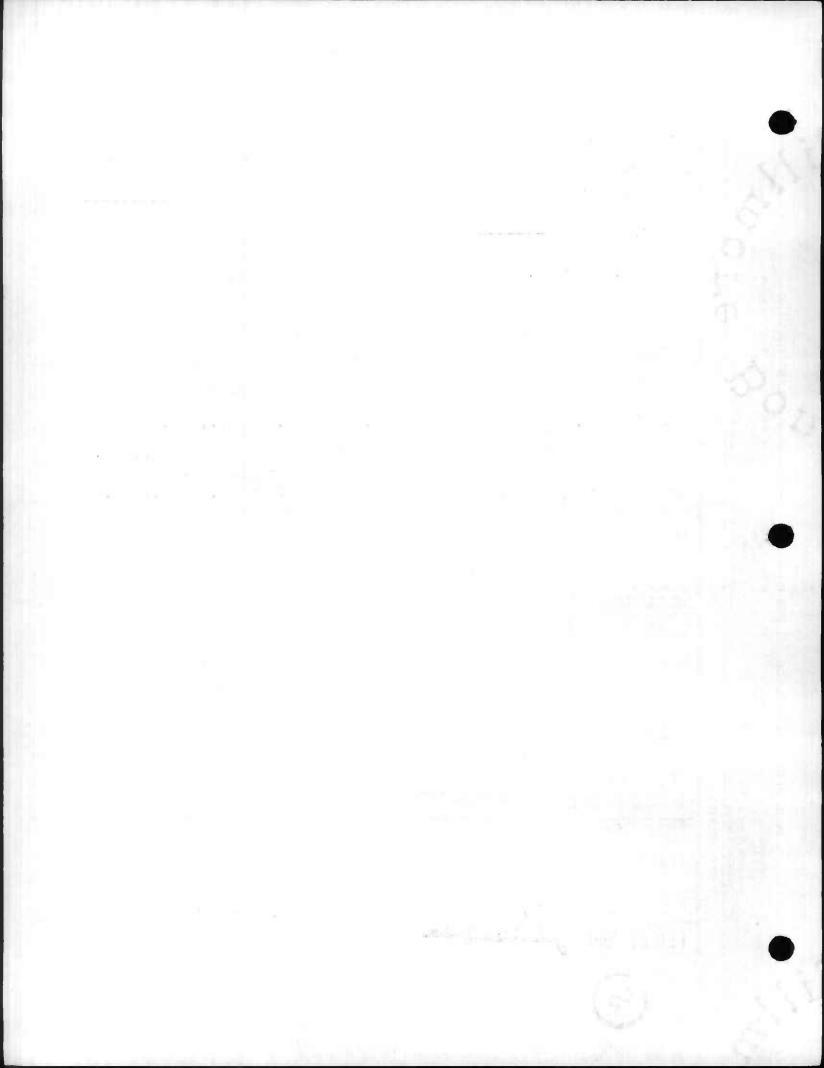


DIVISION OF VITAL RECORDS, P.O. BOX 13146,

s PHYSICIAN: The law requires that the death certificate be executed within 2 vours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signe be filed within 72 hours after death with the State Dept., of Health	IMPORTANT: If Item 28 Is marked, or Item 23 shows a

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			IENTAL HYGIE				
}	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY M. ST	AMEV				2. DATE OF DEATH	DAY 19, YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-28-0979 8e. FACILITY NAME (If not institution, give st	5. SEX 6. AGE (Ir	59 YRS. WON	UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-10-		BIRTHPLACE (Stote of Foreign Country) Maryland		
TOR		HURCH HOSPITAL CORPORATION BALTIMORE CITY								
DIREC	10a. STATE 10b. COUNTY			ltimo				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 115 N. Port				21224		II.S	OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 - NO	If yes, spe	ENDENT OF HISPANI city Cuben, Mexican 2 NO Specify.	RACE American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 8 th		16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mos tired.)			USINESS/INDUST	RY		
	17. FATHER'S NAME (First, Middle, Lest) Paul Grace		Hel	per		Ba. RE (First, Middle, Meior Bucker	kery en Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Mr. Clyde R. S	tamey			nd Number or Rural R	Balto.,				
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	Balto.	or Town, State							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home 7527 Harford Rd. Ballo., Md.									
	23. PART I. Enter tha diseases for complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions.									
CERTIFICATION	Sequentially list conditions, if any, taading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
MEDICAL	PERFORMED? 1 A YES 2 NO							24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1100		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME O	/ WO	URY AT PK?	28d. DESCRIBE HO	W INJURY OCCUP	RED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	elly)			281. LOCATION (Stre City or Town, Str	eto)			
COMPLETED	ann)	ICIAN: To the best of my knowl ER: On the basis of examination						and the second s		
BE	SULU C	ain W	. 2		29c. LICENSE NUM	MBER	29d, DATE SIGNED (Month, (Day, Year) 2 2 3 5			
10	IRENE IBARRA MD. CHURCH HOSPITAL 100 N. BROADWAY 21231									
9	FFB 2.7 1991	Tube Devidon-No	ATURE L							





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RECORDS, P.O. BOX 13146,	
N OF VITAL	
OF V	4101014
DIVISION	T INDICATE OFFICE TO
1	

TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial result pages 5 should be detached for use as the burial results and the same of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buring the buring the mean with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the country of the control of the cooping of attended by the	IN THE MOST IN SHIP IN THE INVENTOR THE PART SHIP OF THE

FOR STATE REGISTRAR	STATE OF N	IARYLAND	/ DEPAR	TMENT OF I	HEALTH AND	MENTAL HYGIEN REG. NO.	_	1 (5080
1. DECEDENT'S NAME (First, Middle, Last)			LINIII I	ICATE OF	DEATH	2. DATE OF DEATH			3. TIME OF DEATH
Clara Ruth T	ibbs					2 2]		YEAR	M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
216-01-6602	1 M 2000	80	YRS.	MONTHS DAYS	HOURS MIN.	12-13-10)	Me	aryland
9e. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COL	INTY OF DI	EATH
5712 Daybreak Te	rrace			Ros	sedale		Ba	ltim	ore
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	,		40.00	V 70001 00 1001					
	Baltimore		10c. CI I	Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
Maryland 10. STREET AND NUMBER	Dar CI MOLE	-			osedale				1 YES 2 NO
5712 Daybreak Te	777000				21206		iog. Cit		
11. MARITAL STATUS	12. WAS DECEDEN	EVED IN HE	BILLED			NIC ORIGIN? (Specify Yes		· ·	SA
1 Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2		If yes, s		en, Puerto Ricen, atc.)	1 07 NO-	Black	White
15. DECEDENT'S EDU		16a, I	DECEDENT'S	USUAL OCCUPATI	ON	16b, KIND OF BUS	SINESS/IN	•	
(Specify only highest grade Elementery/Secondery (0-12)	completed) College (1-4 or 6 -)	(Give kind of the Do NOT us	work done during m se retired.)	ost of working				
6 years		´	In	spector		Wes	tern	Ele	ctric
17. FATHER'S NAME (First, Middle, Last)	Gruntow	icz				AME (First, Middle, Meiden	Surneme)		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	end Number or Rural	Route Number, City or Tow	n, State, Z	ip Code)	
Henry T. Tibbs						ce Baltimo			land 21206
10 METHOD OF DISPOSITION 1 1 Burnal 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLAC	e of dispos	SITION (Name of co	metery, cremetory or Cemetery	20c. Lo 7 Ba.]		City or To	wn, State Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	C		_	ND ADDRESS OF FA			,	-0
1 1 =) Ham		Lassa	hn Funer	al Home			
Kasselfin V-	unveil					d. Balto.			236
23. PART of Enter the diseases, or shock, or heart tellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)		se on each ii	ne.			OPHAS			Approximate Interval Between Onset and Dasti
Sequentisity liet conditions, it any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	c	(OR AS A CONS							
PART II. Other significent condition	ne contributing to	death but no	t resulting	in the underlyi	ng ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				20 8	LACE OF DEATH (C)	heck only one!			
EXAMINER?	HOSPITAL:	FR/Outpetiant	3 🗆 1004	OTHER:	-35 35V n y -03				
27. MANNER OF DEATH t Natural 5 Pending	26e. DATE OF (Month, D	INJURY	26b. TIN	IE OF 26c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW	INJURY O	CCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE Coulding,	F INJURY — At atc. (Specify)	home, farm,	atreet, factory, offi		26f. LOCATION (Street City or Town, State)	end Numb	er or Rural I	Route Number,
29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ER: On the basis of s					e to the cause(e) end ma e time, date and place, en	29d. D/	the couse((Month, Day, Year)

Md.

21236 (882-0340)

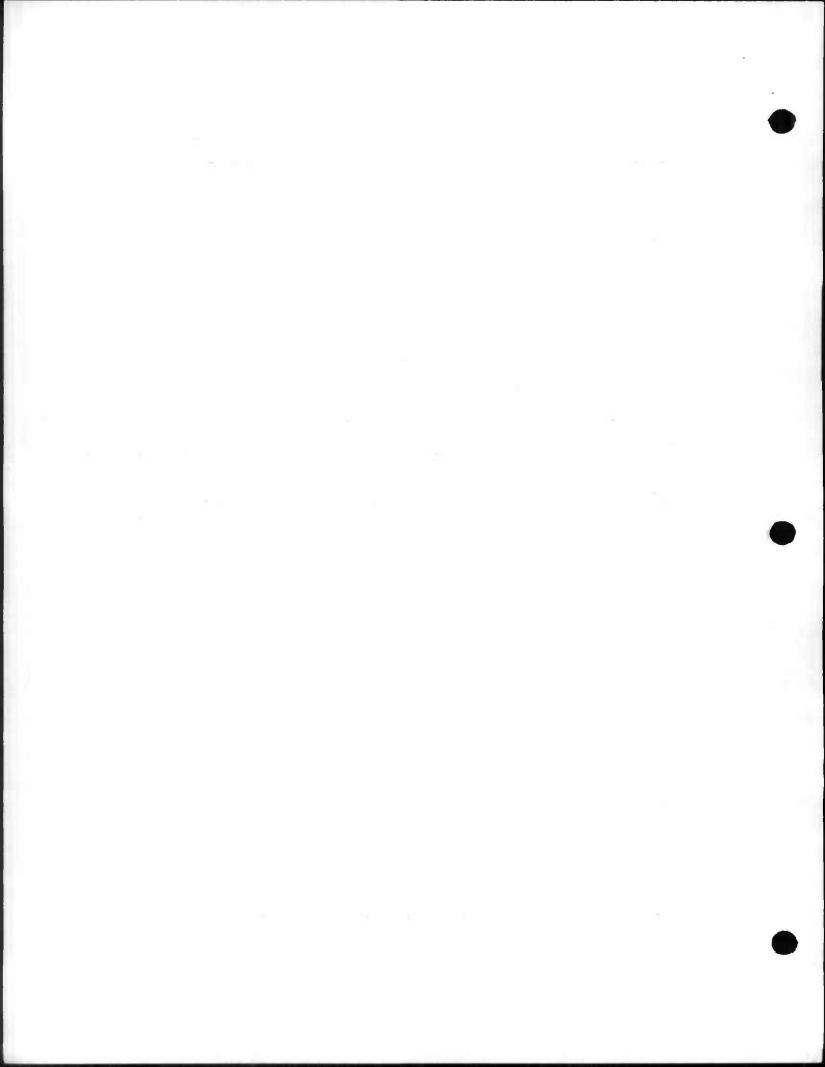
Dr. Oung 8022 Belair Rd. Balto.,
31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

FER 2 7 1991 Julia Javidon-Andre

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

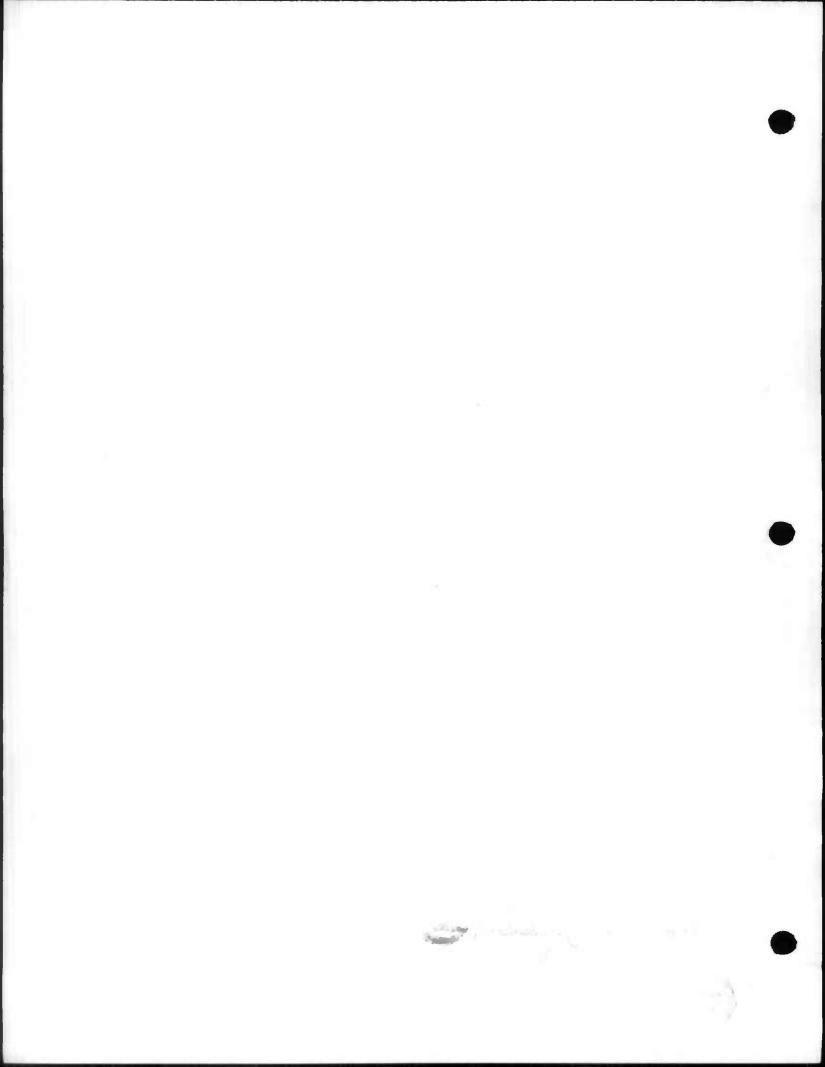
DHMH-16 Rev 1/89



	1 - STATE REGISTRAR		CERTI	FICAT	E OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D			YEAR	3. TIME OF DEATH
	James Taylo	r					монтн Februa				5:30 P M
	4. SOCIAL SECURITY NUMBER 217-74-8018		E (In yrs. lest birthda 30 vns.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De 1 0	NRTH	1		PLACE (State or Foreign
E CH	9e. FACILITY NAME (if not institution, give str Maryland General RESIDENCE OF DECEDENT	s-out court		100		ore City			9c. COUNT	Y OF DE	ATH
DIRECTOR	10a. STATE 10b. COUNTY		10c. 0	BA		ORE CIT	Y				10d. INSIDE CITY LIMITS? 1XXYES 2 NO
EHAL	100. STREET AND NUMBER 1213 S. LIGHT	STREET			101	212	30		_	EN OF WI	A •
BY FUNERAL	11. MARITAL STATUS XX Never Married 2	12. WAS DECEDENT EVER FORCES? 1 YES	S ZYNO	13	If yes, sp	ENDENT OF HISPAN selfy Cuban, Maxica XX NO Specify		a or No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE			
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 8th grade	ATION completed) College (1-4 or 5+)	Ille. Do NO	of work done use retired. IEMP	during mo	at of working	18b. KIN	D OF BUS	INESS/INDU	STRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) EL C. TAYLOR					18. MOTHER'S NA MADELI				JRY	
2	190. INFORMANT'S NAME (Typo/Print) JAMES MELLON					nnd Number or Rural a			, State, Zip (21230
	20a. METHOD OF DISPOSITION XIXBurial 2 Cremation 3 Remo 4 Donation 8 Other (Specify)	val from Stata	other place) GLEN HA					111-	EN BU		E, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	da		CHAR	LES L. E. FOR	STEVE	NS E	FUNEF	RAL	HOME, INC
NO	23. PART 1. Enter the diseases, or canock, or heart feilure. L. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	Respirate DUE TO (OR AS	aech Ilna. Dry fail S A CONSEQUENCE	ure s						est,	Approximate Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disessa or Injury that initiated events resulting in death) LAST		DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
DICAL	PART II. Other eignificent conditions	contributing to deeth	but not resultin	g In tha	undariyin	g cauae given in		PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	utnetlant 3 🗆 DO	ОТН	ER:	LACE OF OEATH (Ch					
ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Year	Y 28b.	TIME OF INJURY	28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRI		NJURY OCC	URED	
	3 Suicida a Could not be 4 Homicide datarmined	28a. PLACE OF INJU building, atc. (S	RY — At home, fan pecify)	m, street, f	ectory, offic	ie .	28f. LOCATIO City or R	ON (Street a bwn, State)	and Number o	or Rural R	oute Number,
COMPLETED	ama)	CIAN: To the best of my kn									and menner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER Suoffen Des					29c. LICENSE NU	MBER				(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO Z. Fang, M.D. C			ype, Print) 1 Hos	pita	1					
	FEBrigayion 1997" Ju	ha Bath STRATT	SHOULD .								

DHMH-16 Rev 1/89

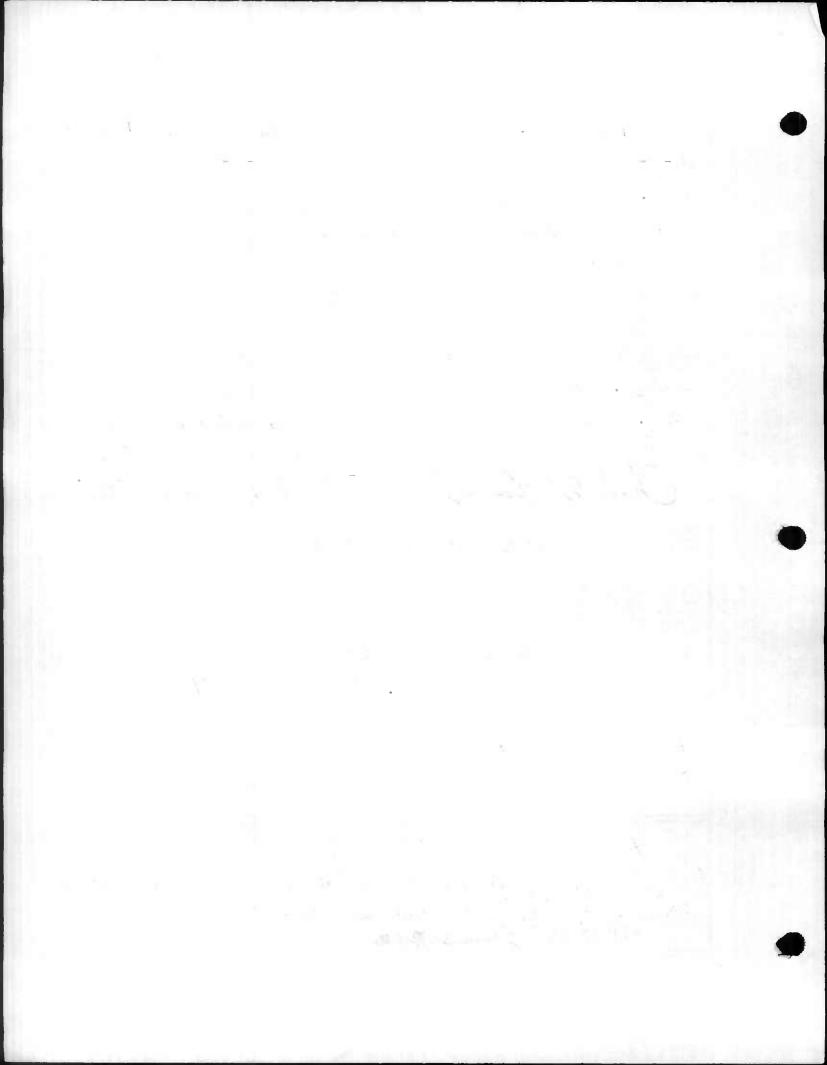
BALTIMORE, MARYLAND 21203-3146



n 2- nours after death. Page 6 may be retained by the host	ly filled in by the funeral director, page 5 should be detache ation, or removal.	the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🛂 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
			CERTIFICATE	OF	DEAT	TH		REG. N	10.

	1 - STATE REGISTRAR	OUTIL OF THE			F HEALTH AND OF DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) RUBY	J.	TALLEV			2. DATE OF MIGHTH	24	1991			
	4. SOCIAL SECURITY NUMBER 213-74-0738 9s. FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	88 YRS.	MONTHS DA			0-1902	Pe	nnsylvania		
TOR	Franklin Square	*			sville		Baltimore				
DIRECTOR	10e. STATE 10b. COUNTY	v ltimore		TY, TOWN OR LI				10d. INSIDE CIT LIMITS? 1 YES 2 X			
FUNERAL	100. STREET AND NUMBER 9807 D Tailspin	Lane			101. ZIP CODE 27220		10g. C	USA	WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12 WAS DECEDENT	EVER IN U.S. ARMED YES 2/ XNO R OR DATES	If you	DECENDENT OF HISPA I, specify Cuben, Maxic YES 2 NO Speci	en, Puerto Rici	Specify Yes or No-	14. RAC Blac	CE American Indian, ok, White, etc. ody: White		
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	CATION completed) College (1-4 or 5 +)	184. DECEDENT (Give kind on life. Do NOT Homema	f work done durin use retired.)	PATION g most of working		nd of Business/1	NDUSTRY			
SO S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N		dle, Maiden Surname)			
BE (Charles W. Rober	ts					lazlett				
2	Gail W. Talleva	s. †			eet and Number or Rura				01000		
	20s. METHOD OF DISPOSITION 1	-			ilspin Lav of comptony, cromatory or netery 2/2						
	21. SIGNATURE ON FUHERAL SERVICE LI	CENSER 4	ih/	Dudo	ie and adoress of re-Ruck Fund Wise Ave	eral to	lome of t	Dunda	lk. Inc.		
CERTIFICATION		disease or condition resulting in deeth) a. Children Consequence of process of the conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of process): Due to (or as a consequence of process):									
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ns contributing to d	leath but not resulting	g in the under	iying cause given i	24a. WAS AN AUTOPSY PERFORMED? 24b		NO. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF DEATH (Check only one)					
SIC	EXAMINER?	HOSPITAL:	ER/Outpetlent 3 🗆 DOA	OTHER:	Home 8 - Residence	e 6 □ Other (Specify)				
B	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation 3 Suicide 8 Could not be		(, Ybar) I	NJURY M	WORK? YES 2 NO	28f. LOCAT	ION (Street and Num Town, State)		il Route Number,		
ETE	4 Homicide detarmined	ballanig, e	tc. (Specify)			Ony br	Nown, States				
COMPLETED	onei ony		ny knowledge, death occu amination and/or investiga						e(a) and manner as stated.		
TO BE	290. SIGNATURE AND TITLE OF CERTIFIE 30. HAME AND ADDRESS OF PERSON WITH	HO COMPLETED CAUSE	Mods & BA	po, Print)	29c. LICENSE N	SS S	29d, 0	FACE	ED (Month, Day, Year)		
	31. DATE PILED (MODEL 27	32 DEGISTRAF	ES SIGNATURE NA DAVIDAGEN-PO	hase I	व यान्य				, ,		



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

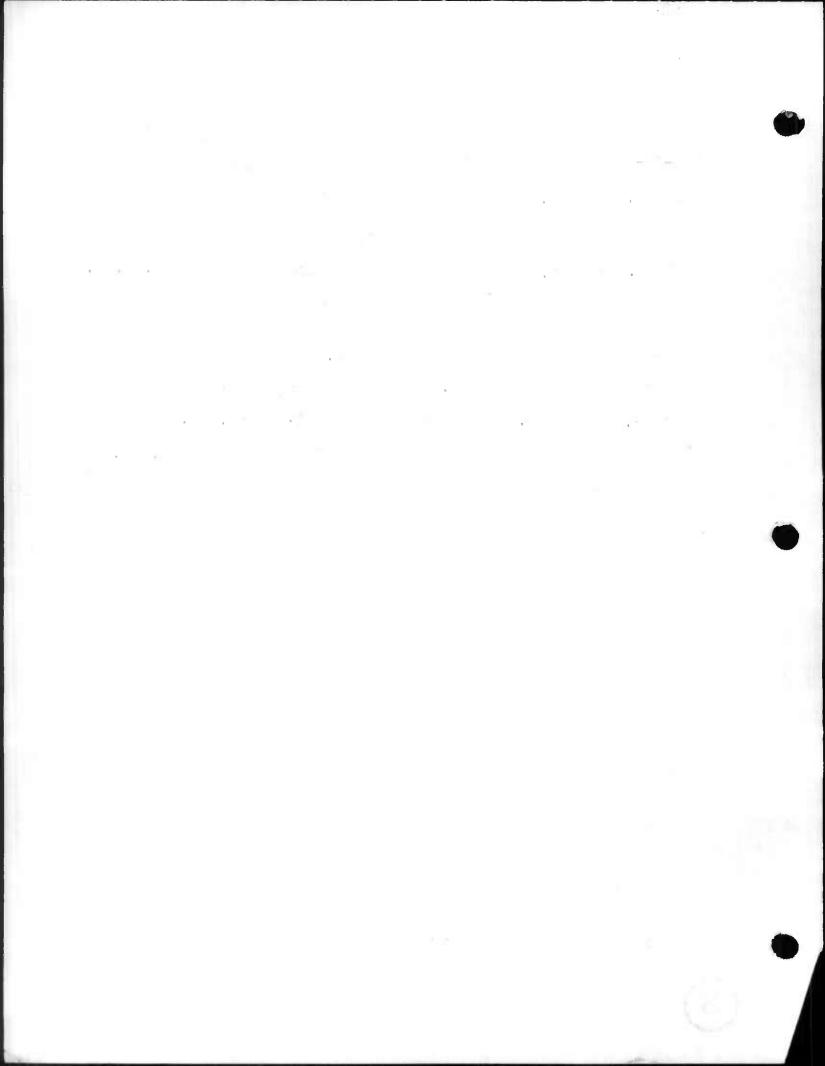
	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	John G.		Voelker	r, Sr						MONTH 2	24	91	м
	4. SOCIAL SECURITY NUM	1722	5. SEX		yrs. last birthday				ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign
	216-03-3824		1 XM 2 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	July 11,	1917		ryland
	9s. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CIT	y, TOW	N OR LOCA	TION OF D	EATH	9c. CO	UNTY OF	DEATH
5	2106 East		1.			Ti	mon	ium			Ba1	timo	re
5	RESIDENCE OF DEC	10b. COUNTY	,		T 100 C	ITY, TOWN	0810	CATION					10d. INSIDE CITY
DINECTOR	Maryland		imore			imon		2411014					LIMITS?
	10e. STREET AND NUMBER		Iniore		1 1	Inon.	_	10f. ZIP CO	DE		100 0	TIZEN OF	1 YES 2 NO
LONEDAL	2106 Eastha							2109				U.S.	
	11. MARITAL STATUS	ııı Ku.	12. WAS DECEDEN	IT EVER IN	U.S. ARMED	1 13	WAS D			NIC ORIGIN? (Specify		_	
	1 Never Married 2	Married	FORCES?	X YES	2 NO	"	If yes,	specify Cur	ban, Mexica	en, Puerto Rican, etc.		Blac Spe	E — American Indian, ck, White, etc.
5	3X Widowed 4 Dive	orced	WW					L3 2 EF14	о эрвин	y.			ite
3	15. DEC	CEDENT'S EDU	CATION		16a. DECEDENT (Give kind o	'S USUAL C	CCUP/	TION	tina	16b, KIND OF	BUSINESS/II		
COMPLEIED	Elementary/Secondary (1	College (1-4 or 5	+)	life. Do NOT	use retired.)			nurry .				
	12		2		Design	Eng:	ine	er		Engin	eerin	g	
3	17. FATHER'S NAME (First, A							18. MC	THER'S NA	AME (First, Middle, Mai	den Surname))	
	Henry Edmur		ker							ne Marie			
	19a. INFORMANT'S NAME (1.00		- 11			Route Number, City or	100		
	John G. Voe		Jr.						Fore	st Hill,			
	20a. METHOD OF DISPOSIT 1 ☐ Buriel 2 🙀 Cremeti	on 3 🗆 Rem	oval from Stata	20b.	PLACE AND DA	TE OF DIS	POSITI	ON (Name			LOCATION -		
-1	4 Donation 5 Other			G1	reen Mo					/26/91 E	alto.	, Md	•
	21. SIGNATURE OF FUNERA	AL SERVICE LIS	ZENSEE	//				TOWS		uneral Ho	me. 1	Inc.	
	Ku	-4.	my	4						Towson,			
	23. PART I. Enter the c		complications the			not anta	r tha i	moda of d	tying, suc	ch as cardiac or re	apiratory a	errest,	Approximate
	IMMEDIATE CAUSE (FI		List only ona ca	use on aa	ch iina.	4		6			_		Interval Batween Onset and Death
- 1	disease or condition resulting in death)	→	. <	41	die	2 C		0	RR	e51			
	reconstrig in ceasily		DUE TO	OR AS A	CONSEQUENCE	OF):	1	1	-			7	
ا ۶	Sequantially list condi		b		=9-11		17	100	17	1/8	50	554	2
<u> </u>	if any, leading to imme	ediata	DUE TO	(OR ASA	CONSEQUENCE	OF):	e 1:						
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or injury)		c. OHE TO	1/09 AS A	CONSEQUENCE	05)							
	that initiated events resulting in death) LAS	ST	002 10		A	A		<		Kine			j
			d	599	-el	y-C			10				
	PART II. Other signific	ant condition	a contributing to	daath bu	t not resultin	g in tha u	ndarly	ing cause	e given in		AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL											3 2 NO		COMPLETION OF CAUSE OF DEATH?
													1 YES 2 NO
- 1													
5	25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	мосвитал			La		PLACE OF	DEATH (C	heck only one)			
2	1 YES 2 NO		HOSPITAL:	☐ ER/Outpa	tlant 3 🗆 DOA	4 - No		iome 8	Residence	6 Other (Specify)			
THI SICIAIN.	27. MANNER OF DEATH	12000	28a. DATE O (Month,	F INJURY Day, Year)	28b. T	IME OF NJURY	28c.	INJURY AT WORK?		28d. DESCRIBE H	OW INJURY C	CCURED	
5	1 Metural 5 2 Accident	Pending Investigation				М	1 [YES 2					
		Could not be	28e. PLACE building	OF INJURY -	— At home, fam	n, street, fa	ctory, o	iffica		261. LOCATION (St City or Town, S		ber or Rura	Route Number,
	4 Homicide	detarmined											
COMPLEIED	29a. CERTIFIER (Check only	ITIFYING PHYS	ICIAN: To the best of	of my knowle	edge, death occu	arred at the	time, c	data and ple	ice, and du	e to the cause(a) and	manner aa s	stated.	
5	6961	DICAL EXAMINE	ER: On the basis of	exemination	end/or investiga	ition, in my	opinio	n, death oc	cured at the	e time, data and plac	, and due to	the cause	(a) and menner as stated.
	29EC SIGNATURE, AND THE	E OF CERTIFIE	R					29c. L	ICENSE NU	MBER	29d. D	ATE SIGN	D (Month, Day, Year)
0	11.66	ne		M	1			12	26	475	▶	2/	25/51
2	OD. NAME AND ADDRESS (OF PERSON WI	O COMPLETED CA	USE OF DEA	TH (ITEM 27) (7)	rpe, Print)	-			1		- 1	
	George We	iner, 1	M.D. 140	7 Yor	k Rd. S	Suite	30	5	Tow	son, Md.	21204		
	31. DATE FILED (Month, Day	(Year)	32. REGISTR	AR'S SIGNA	TURE								
	FEB 2	7 199	gulia	Davidse	n-Aande								
_	20												



and the second

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Richard	Middle, Last)							2. DAT	E OF DEATH		EAR	3. TIME OF DEATH
	Fran	nklin	Willis	5				2	25	9		M
4. SOCIAL SECURITY NUMB 218-26-450		5. SEX 1 M 2 F	6. AGE (In yrs. 58	last birthday) i	IF UNDER		IF UNDER 24 HRS	7. DAT (Mg)	E OF BIRTH onth, Day, Year) 17/32	8.	BIRTH Countr	**
9e. FACILITY NAME (If not in:	stitution, give si	treet and number)			9b. CITY,	TOWN OF	LOCATION OF		, .	Bc. COUNTY		
242 N. R	ose S	St.			Bal	time	ore C.	ity				
RESIDENCE OF DEC	EDENT			10c CIT	CITY, TOWN OR LOCATION							10d. INSIDE CITY
	100.00011	•		100.011	Baltimore							LIMITS?
Md 10e, STREET AND NUMBER						_	ZIP CODE			10g. CITIZE	N OF V	WHAT COUNTRY?
242 N. R	000 0	4.1				1	21224					5. A.
11. MARITAL STATUS	ose s	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. V			PANIC ORIG	GIN? (Specify Yea	RACE	- American Indian,	
	Never Married 2 Merried FORCES? 1 M YES 2 NO IF YES, GIVE WAR OR DATES						elfy Cuben, Max 2 NO Spo	icen, Puert		-		k, White, etc.
15. DEC	EOENT'S EOU	CATION	16a.	DECEDENT'S	USUAL OC	CUPATION	í	1	8b. KIND OF BUS	-		
(Specify only Elementary/Secondary (0 9 th	highest grade	College (1-4 or 5	+)	(Give kind of a life. Do NOT us	vork done d se retired.)							
17. FATHER'S NAME (First, M	iddle, Last)			Tiev	OL 13	1		NAME (First	t, Middle, Maiden	Sumeme)	-	
David Fr		in Will	is Sr					,	Ness	our remoy		
190. INFORMANT'S NAME (7				19b. MAILING	ADDRESS	(Street en	d Number or Ru	raf Route Nu	imber City or Town	n, State, Zip Co	ode)	
David F. V	Villi	s Jr.		3506	Corr	wal	1 Ct.	Bal	to. Mo	1. 21	22	
20a METHOD OF DISPOSITION 1 Burlet 2 Cremette 4 Donation 5 Other	n 3 🗆 Rem	oval from State	206. PLA Oa.	K Law	n Ce	me t	ary	or		cation — ch		Ç. 1450
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	0	0	22.1	IAME AND	ADDRESS OF	FACILITY	- (1	71	10	Sollis
► Col	t (Jons	rel	Ry	6	on	nell	4 7	I, H.	A	in	dalk 212
23. PART I. Enter the di ahock, pr h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	eart failure.	e. CAR	DIO P	uch	LON	AR	A	RRE	ST			Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
CAUSE (Disease or injuthst initiated events	' t	d										
CAUSE (Disease or Inju that initiated events reaulting in deeth) LAS		d	death but no	ot resulting	In the Un	derlying	cause given	In Part I.	24e. WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS
CAUSE (Disease or injuthst initiated events		a contributing to	death but no	ot resulting	In the Un	derlying	cause given	In Part I.	24e. WAS AN PERFOR 1 TYES 2	IMEO?	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH 1 YES 2 NO
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO.	21	03003
1. DECEDENT'S NAME (First, Middle, Lest) WAIZ D	JAMES W	JARD JA	MES.	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 5.	Alternative Committee of the Committee o		THE DAYS HOURS MM.	7. DATE OF BIRTH (Morith, Dey, War) 09 -2 7 -	8. BIRT Coun	HPLACE (State or Foreign TY) AROLINA
96. FACILITY NAME (If not institution, give street LIBERTY MEDICAL	#		CITY, TOWN OR LOCATION OF S	DEATH	9c. COUNTY OF C	
MARYLAND			WN OR LOCATION TMORE			10d. INSIDE CITY LIMITS? 11 YES 2 NO
100. STREET AND NUMBER 4916 QUEENBERRY A	VE BAITTN		10t. 2IP CODE 21215	- 7	10g. CITIZEN OF	WHAT COUNTRY?
	2. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mess 1 YES 2 NO Spec	can, Puerto Rican, etc.)		E — American Indian, k, White, etc. city: ACK
15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		18e. DECEDENT'S USU (Give kind of work life. Do NOT use rel	AL OCCUPATION done during most of working red.)	16b, KIND OF BUSH	NESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Leet)				LAME (First, Middle, Melden S	urname)	
JAMES WARD			SALL			
190. INFORMANT'S NAME (Typo/Print) DELORES JEFFERIE	70		OBART PL, BAL			133
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Remove 4 Donatton 5 Other (Specify)	1 2	0b. PLACE OF DISPOSITIO	N (Name of cemeter); cremetory of AR CEMETERY	20e. LOC	ATION — City or T	own, State
21. SIGNATURE OF TUNESTAL SEPHICE LICEN	M. Osli	>	22. NAME AND ADDRESS OF ESTEP BROTHE 1300 EUTAW P	RS FUNERAL I		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	SHOUL N PNUE EROTTE H		T'S EA	5 &
PART II. Other algorificant conditions of DECN 3172			ne underlying cause given (in Part I. 24a, WAS AN A PERFORA 1 TYES 2	AED?	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only one)		,
	IOSPITAL:		THER: Nursing Home 5 - Residence	e 6 Other (Specify)		
27. MANNER OF DEATH 1 M Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		28c. INJURY AT WORK? M 1 YES 2 NO	284. DEŞCRIBE HOW IN	JURY OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (Sp	RY — At home, farm, stree	t, factory, office	281. LOCATION (Street ar City or Town, State)	nd Number or Flura	Route Number,
Constant daily			the time, date and piece, and d my opinion, death occured at t			(a) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER	PIA	mile.	29c. LICENSE N	3300	The second second	D (Month, Day, Year)
	25/11			2300	2	20.91
30. NAME AND ADDRESS OF PERSON WHO C	PM .	DEATH (ITEM 27) (Type, Pri		Mediene Rois B	orly 1	70.91

OHMH-16 Rev 1/89



	Pages 1, 2, 3		
		1	l
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Aurs after death, Page 6 may be retained by the hospital or attending prime and the second of the hospital or attending prime and the second of the hospital or attending prime and the second of the hospital or attending prime and the second of the hospital or attending prime and the second of the hospital or attending prime and the second of the hospital or attending prime and the second of the hospital or attending prime and the second of the hospital or attending prime and the second of the hospital or attending prime and the second of the hospital or attending prime and the second of the s	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner management of promotion or periods.	De mod within 72 hours after death with the plant per plant and modified by the modern of the modern of the modern of the profile of the contract of the profile of the plant	

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	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND / Ce		TMENT				MENTAI	HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)		7							OF DEATH		1,200		IME OF DEATH
	Marv Emma		WILLI	2040					E O D V	uarv	25	1 9 9 °	- 1	N F.C. M
	4. SOCIAL SECURITY NUMBER				IF UNDER	1 VEAR	IF UNDER	24 MDS		OF BIRTH	75			E (State or Foreign
	218-09-3712	1 M 2 TF	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	, Day, Year)		Cou	intry)	
- 1			02	THS.						.12,1				MORE
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY,	TOWN O	R LOCATIO	ON OF DE	EATH			UNTY OF		
DIRECTOR	FRANKLIN SQUARE H	OSPITAL.									Bal	timo	ore	County
5	RESIDENCE OF DECEDENT	ODI IIII												
m l	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN O	A LOCATI	ION						10d	INSIDE CITY
洁	MARYLAND BALTI	MORE											10	YES 2 NO
4	10e. STREET AND NUMBER	HORL				101.	ZIP CODI	E			10a, Cl	TIZEN O		COUNTRY?
FUNERAL		_									100.00			
뿌	9 HAYLOCK COUR						1236				U			
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1							NIC ORIGIN In, Puerto I	? (Specify Ye	s or No-	14. R/	ACE - A	imerican Indian, Ita, atc.
	1 Never Married 2 Married	IF YES, GIVE W								mount, arc.,				HITE
B	3\(\bigcup \text{Widowed} 4 \bigcup \text{Divorced}						Λ						N	HILE
	15. DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL OC	CUPATIO	N		16b	KIND OF BL	ISINESS/IN	NDUSTRY	1	
<u> </u>	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 +	life.	Do NOT u	work done dise retired.)	lunng mos	it of workir	ng						
2	13YEARS	Conside (1-4 of 5 4		ATMC	OFF	Diz				OTAX	ana	D T M.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			ALMS	CLE	KK_	40 44000			CTAL				
8							18. MO11	HEH'S NA	IME (FIRST, I	Viddle, Maidei	1 Surname)			
BE	WILLIAM E. VEAS	EL					MA	RY I	JULA					
	19e, INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street a	nd Number	or Rural	Route Numi	ber, City or To	r, City or Town, State, Zip Code)			
2	M. YVONNE WILLIA	MC		HAV	LOCK	COII	יזי כו	ד א מ	ртмор	E MD	21	226		
	20a. METHOD OF DISPOSITION	110	200, PLACE						LMOR		OCATION -		Town	State
	1 XBurial 2 Crematton 3 - Rem	oval from State	009-10	(00)				natory of		1	-	ony o		
	4 Donation 5 Other (Specify)	-///	LOUDO	N PA	RK C	EMET	ERY			BA	LTIM	ORE		
	21. SIGNATURE OF FUNDMAL SERVICE LIC	599º////	//				D ADDRE							
	D 1/2	MI								OME I				
	never 7	Land	R		4	107	WII.K	ENS	A TITAL	IIF BA	I.TTM(ORE	MD	21220
	23. PART I. Enter the diseases, or each ock, or heart fallure.	complications tha							AVEIN			,		
- 1											olratory a	rreat,		Approximate
		List only one ceu	use on each line	eth. Do	not anter	the mo	da of dy	ing, suc	ch as can	flec or rea	oiratory a	rreat,		Approximate interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	List only ons cou	ise on each line	eth. Do	not anter	en en	da of dy	ing, suc	ch sa can	tiec or reap	olratory a	rreat,		Interval Batwean
	IMMEDIATE CAUSE (Final	List only ons ceu	on each line	lix	not anter	en en	de of dy	ing, suc	ch as carr	tiec or reap	oiratory a	irreat,		Interval Batwean
	IMMEDIATE CAUSE (Final disease or condition	List only ons ceu	on each line	OUENCE C	not anter	en	da of dy	ing, suc	A carr	tiec or reap	oiratory a	irreat,		Interval Batwean
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)	aDUE TO	(OR AS,A CONSEC	OUENCE C	not anter	en al	da of dy	ing, suc	a carr	tiec or reap	olratory a	irreat,		Interval Batwean
NOIL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	aDUE TO	on each line	OUENCE C	not anter	en al	da of dy	ing, suc	A Carr	tiec or reap	oiratory a	irreat,		Interval Batwean
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ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	B. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CONSECTION OF INJURY — At hot of the consection of the co	OUENCE COUNTY CO	OTHER 4 Num NE OF LIJURY M street, fact	28. PL	ace of cause	given in	Part I. 1 Part I. 28d. DE 28f. LOC City a to the ca	24a. WAS A PERFC 1 YES 24TON (Street Or Town, Stell use(a) and m	N AUTOPS'SPRINED? 2 NO 1 INJURY O	V Y Y Der or Russetted.	24b. WE AMACON COOPER TO THE PROVINCE P	Intervel Batwean Onset and Daath 3 - 5/No Type RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
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M & URATA, Mid, Str. 308

32. REGISTRAR'S SIGNATURE

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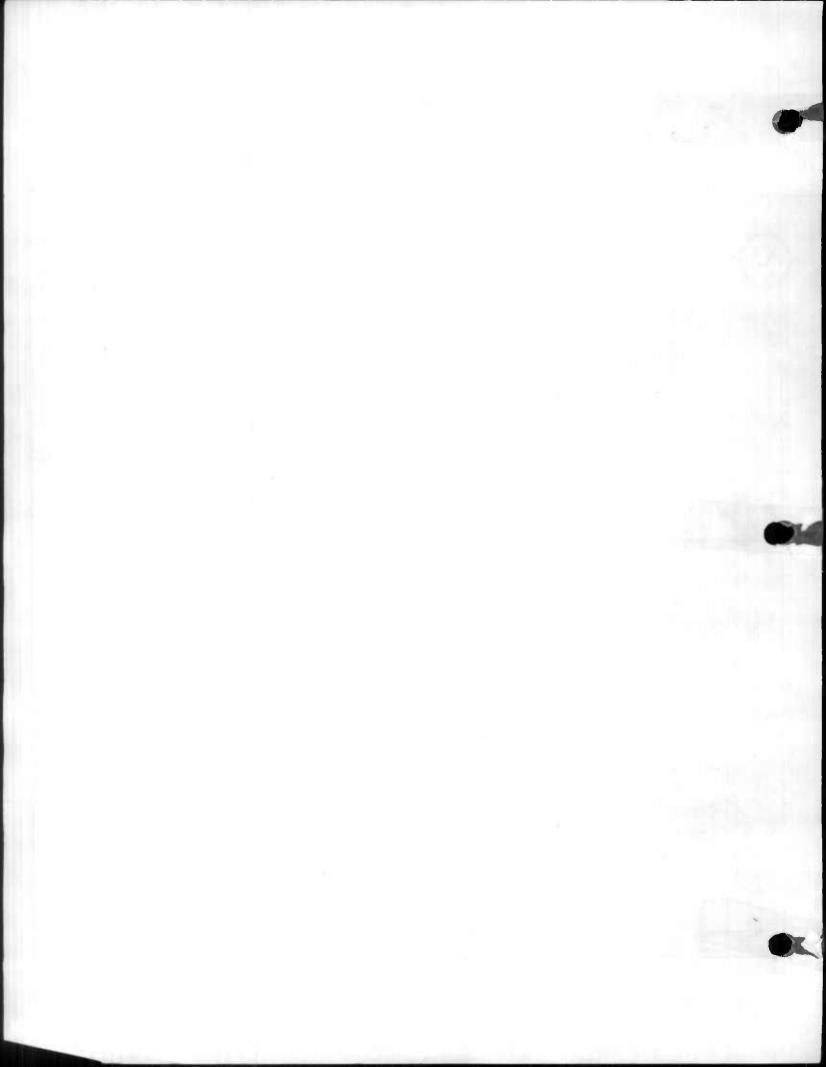
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1991

31. DATE FILED (Month, Day, Year)

OHMH-16 Rev 1/89

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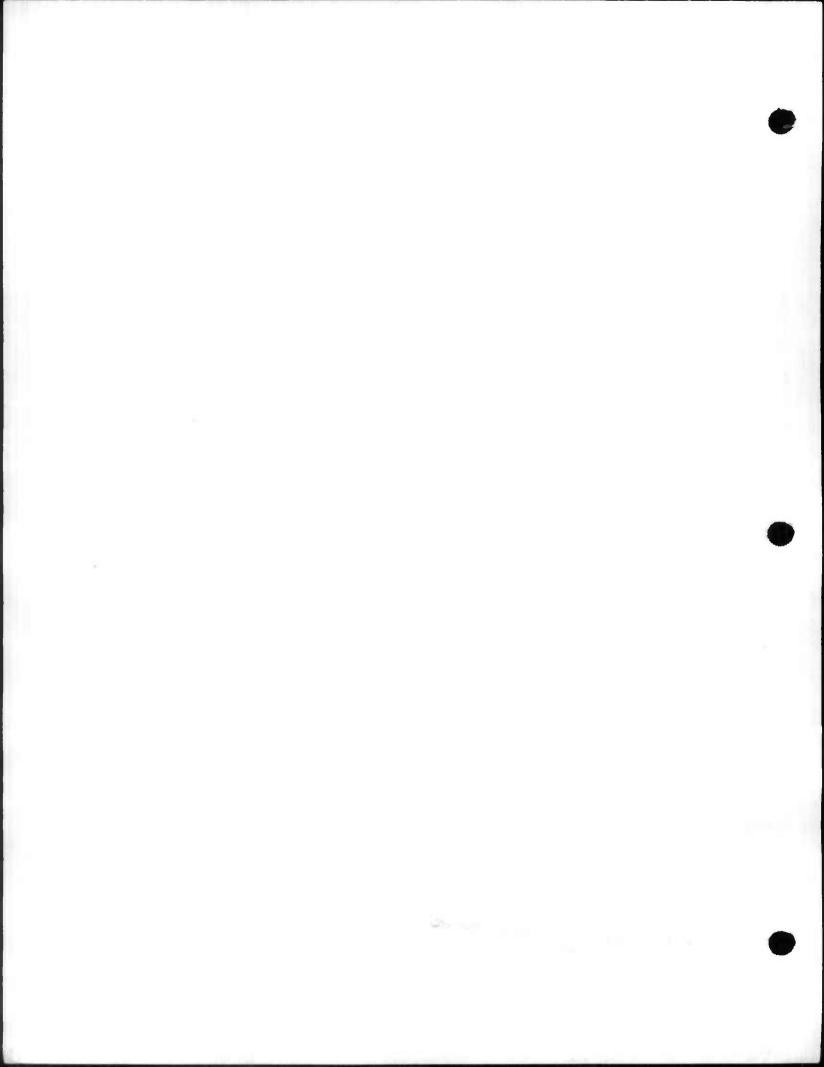


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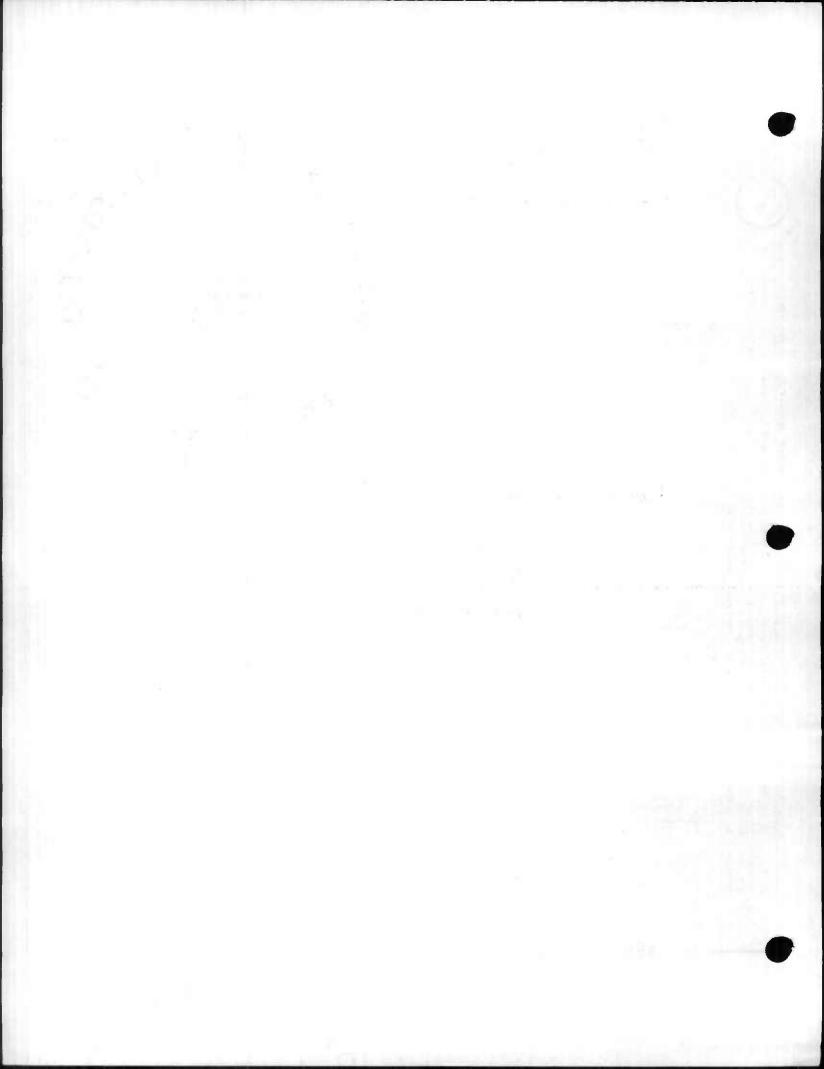
	REGISTRAR		EKIIF	ICATE	OF	DEATH	REC	a. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH			
	LUCILLE WINN							FEBRUARY 23, 1991 3:34 A.			
	4. SOCIAL SECURITY NUMBER 8. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH	a. BIRTH	PLACE (State or Foreign	
	243-56-9826 1 □ M 2 KD	52	YRS.	MONTHS	DAYS	HOURE MIN.	Mar 3,	1938	Nort	h Carolina	
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, T	TOWN OF	LOCATION OF DE			OUNTY OF D	EATH		
DIRECTOR	MARYLAND GENERAL HOSPI		BALT	IMOE	RE, MARYI	AND					
ĕ	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATI	ON				10d. INSIDE CITY LIMITS?	
<u> </u>	MARYLAND]]	BALTII	MORE	E,CITY				1 YES 2 NO	
M	10s. STREET AND NUMBER				10f.	ZIP CODE		10g.	VHAT COUNTRY?		
FUNERAL	2127 Mt. Holly Street					21216			J. S.		
E	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS OECE FORCES?	DENT EVER IN U.S. A	ARMED NO	13. W/	AS OECE yes, spe	NDENT OF HISPANI city Cuban, Mexican	IC ORIGIN? (Spe , Puerto Rican, o	cify Yea or No- etc.)	- 14. RACE Black	— American Indien, c, White, etc.	
B	3 Wildowed 4 Divorced	E WAR OR DATES		10	YES	2 NO Specify:			Speci	Black	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. I	DECEDENT'S (Give kind of tile. Do NOT us	USUAL OCC	CUPATION oring mos	N t of working	16b. KIND	OF BUSINESS	/INDUSTRY		
PLE	Elementary/Secondary (0-12) College (1-4 o	8+)		emake							
O	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAM	ME (First, Middle,	Melden Surnen	10)		
BE C	John L. Jones					Maggie					
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street an	nd Number or Rural R	loute Number, City	or Town, State	, Zip Code)		
٩	Norman Winn		2127	Mt. H	o11	y Street	Balti	more,	Mary1	and 21216	
	20e_METHOO OF DISPOSITION	other	place)			etery, crematory or		20c. LOCATION			
	4 Donation 8 Other (Specify)	Garr	ison	Fores	t V	eteran C	emetery	owi	ngs Mi	11s, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	n. 4		22. N/ 25	O1	Gwynns F	alls Pa	er Fu	neral	Homes, Inc.	
	Herver C	rucce.	3			more, Ma					
	23. PART I. Enter the diseases, or complications shock, or heart failure. List only one iMMEDIATE CAUSE (Final disease or condition	causa on sach il	na.			METASTA		r reepiretory	erreet,	Approximate interval Between Onset and Death	
	resulting in death) a	TO (OR AS A CONS			VITH	METASTA	1212			-	
_	508	LIVER FA		*						i	
CERTIFICATION	Sequentielly list conditions,	TO (OR AS A CONS									
Ä	cause. Enter UNDERLYING KIDNEY FATITIEF ON HEMODIALYCIC										
IFI	CAUSE (Disease or injury that initiated events	TO (OR AS A CONS			111111	ODIMITOI					
FR	resulting in deeth) LAST										
	PART II. Other aignificent conditions contributing	to death but no	t requising	In the und	leriving	cause alven in	Part I 24a	WAS AN AUTO	24t	. WERE AUTOPSY FINDINGS	
EDICAL	TAIT III GERE EIGHINGOIL GOILLIGE	, to datin but no	troudraing	iii tha diid	withing	Cause given in	100	PERFORMED?	500	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Ē							_ 10	YES 2 N	°	OF DEATH?	
Σ							-			1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				28 PI	ACE OF DEATH (Che	ock ante anni				
PHYSICIAN:	EXAMINER? HOSPITAL	: 2 DER/Outpatient	2 🗆 004	OTHER:	:	5 Residence		-44-1			
H	27. MANNER OF DEATH 28e. DATE	OF INJURY	26b. TIA	E OF 2	28c, INJU	JRY AT	28d. DESCRIBE		OCCUREO		
	1 Natural 5 Pending	h, Day, Year)	IN	JURY	1 Y	RK? 'ES 2 NO					
ВУ		E OF INJURY — At	home, farm,	atreet, factor	ry, office	,	281. LOCATION		mber or Rural	Route Number,	
TEL	4 Homicide determined	ing, etc. (Specify)					City or Tow	n, Stele)			
Ä	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the be	st of my knowledge.	death occur	red at the tim	ne, date	end place, end due	to the ceuse(e)	end menner a	stated.		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis									e) end menner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	1.				29c. LICENSE NUN	/BER	29d.	DATE SIGNED	(Month, Day, Year)	
is ashar surrely ND.									·		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (I	TEM 27) (Typ	e, Print)							
	BASHAR SAIKALY, MD. c	o MARYL	AND G	ENERA	L H	OSPITAL					
	FFR 2.7 1991 July Day	IRAR'S Hondal									





BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.4 nours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit i	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed within	and complete	to burial, crem	matle event
BOX	ficate be	physician	ne prior to	er traus
P.0.	ath certif	ittending	tal Hygier	f, or oth
SDS,	at the de	by the a	and Men	y Injury
ECOR	equires the	en signed	of Health ,	hows an
L	e law re	has bed	Dept. c	23 \$
VITA	AN: The	tificate	e State	r Item
OF	HYSICI.	his cert	with the	ked, o
ONO	DING P	. After t	death	Is mar
VISI	ATTEN	RECTOR	urs after	m 28
0	ITAL DE	RAL DIF	72 hou	: If Ite
	O THE HOSP	THE FUNE	e filed within	MPORTANT
	F	F	A	=

	1 - FOR STATE OF I	MARYLAND / DEPAR CERTIF	RTMENT OF H	EALTH AND N	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) LUCILE Land W	ATSON			2. DATE OF DEATH MONTH DA	7 - 9	3. TIME OF DEATH 7 40 M
- 9	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.8	BIRTHPLACE (State & Foreign Country)
1 6	256-10-1841 1 M 2 M F	82 YRS.			1-25-19		orth Carolina
æ	PRINCE GEORGES HOSPITAL CENTER CHEVERLY					OC LOUNTY	/
5	PRINCE GEORGES HOSP	TIAL CEVIE	70	HEVER	- 9	PKIN	ICE YEORGE
DIRECTOR	10a. STATE 10b. COUNTY		TY, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
	Maryland Prince George	e's Mi	tchellvi	11e		160 CITIZEN	1 YES 2 XNO
RA	10450 Lottsford Road		20721				d States
FUNERAL	11. MARITAL STATUS 12. WAS DECEDE	NT EVER IN U.S. ARMED		ENDENT OF HISPAN	IC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, atc.
BY		1 YES 2 XNO WAR OR DATES		2 XNO Specify	n, Puarto Ricen, atc.)		Specify: White
LED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	S USUAL OCCUPATION Work done during mo	ON est of working	16b. KIND OF BU		TRY
Ä	Elementary/Secondary (0-12) College (1-4 or 5				United Governm		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	Secre	tary	18. MOTHER'S NA	ME (First, Middle, Maiden		
ш	Joseph W. Watson			Maude I	Land		
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Street a		Route Number, City or Tow	n, State, Zip Coo	ole)
-	Benjamin Sterns				Springfi		
	20e. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPO	rove Cem		1.0		or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MOOE		22. NAME A	ND ADDRESS OF FA	CILITY		North Carolina
		en	Ives-	-Pearson Wilson F	Funeral H	ome	, VA 22201
	23. PART I. Enter the diseases, or complications th	at caused the death. Do					, Approximate
	ehock, or heert fellure. List only one ce						Interval Between Onset and Deeth
	disease or condition	HEMIC C	OLITIS				Iweek
	G EW	HEMIC O (OR AS A CONSEQUENCE OF ERALIZED O (OR AS A CONSEQUENCE OF IRATION	OF):	INSALED!	11.20		
CERTIFICATION	Sequentielty list conditions, if eny, leeding to immediate	O (OR AS A CONSEQUENCE	OF):	HUNCER			
\ <u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	IRATION	PNEUM	ONIA			
E	that initiated events resulting in death) LAST	O (OR AS A CONSEQUENCE	OF):				
CER	d						
CAL	PART II. Other eignificent conditions contributing t	o death but not resulting	in the underlying	ig ceuee given in	Part I. 24a. WAS AP PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 X YES	2 NO	OF DEATH?
: MED							1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		28. P	LACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient 3 ☐ DOA	OTHER:	ne 5 🗆 Residenca	6 Other (Specify)		
PHYSICIAN:	1 Natural 5 Pending	DE INJURY 26b. TI Day, Year) If	NJURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	RED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	OF INJURY — At home, farm g, etc. (Specify)	ı, street, factory, offi	ca	281. LOCATION (Street City or Town, State		Rural Route Number,
	29e. CERTIFIER		Sindhem of			GE 600	
4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and great and place and great and							
BE	206. SIGNATURE AND SITLE OF CERTIFIER)		29c. LICENSE NUI	287	29d. DATE 8	19/91 -/19/91
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA		pa, Print) Are (0	7 00	Clezi Par	e. M.	1 20760
			1,100	. 00	- 1000		
	FFR 27 1991 July De	vidoor-Nondalle					
	U						DHMH-18 Rev 1/



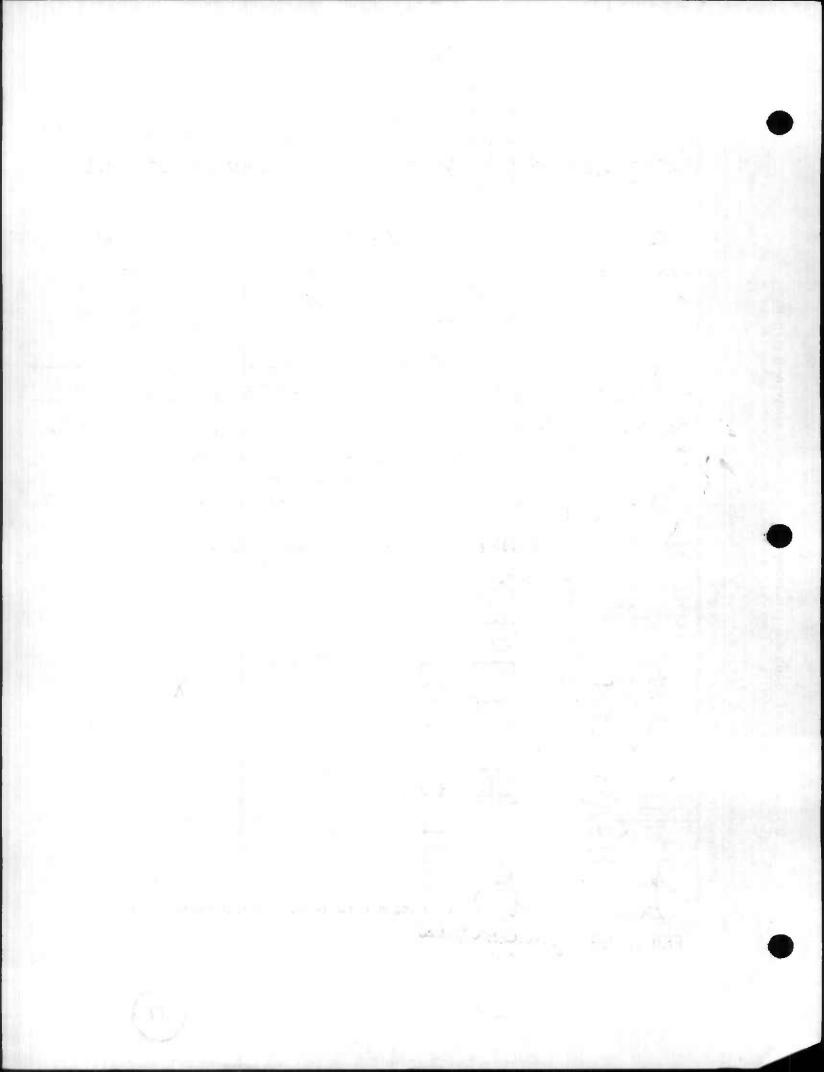
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

**MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO.				
1000	1. OECEOENT'S NAME (First, Middle, Lest) WALTER WRZO:	SEK			2. DATE OF DEATH MONTH DO	5 41	3. TIME OF DEATH		
)R	4. SOCIAL SECURITY NUMBER 2.15 -01 - 6.356 90. FACILITY NAME (If not institution, give etc.) UNION MEMORIAL HO		YRS. IF UNDER 1 YRS. BA		(Month, Dey, Year) Country) AN, 10,1915 MD,				
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	JETTAB	LOCATION		l.	10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER				3 .	10g. CITIZEN OF WHAT COUNTRY?			
BY FUNERAL	1921 BANIX 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 VES 2 N IF YES, GIVE WAR OR DATES	0 11	AS DECENDENT OF HISPA yes, specify Cuban, Mexic YES 2 D NO Speci	NIC ORIGIN? (Specify Yea an, Puerlo Ricen, etc.)				
COMPLETED E	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +) (Gh	CEDENT'S USUAL OCT ve kind of work done do Do NOT use retired.)	iring most of working	16b. KIND OF BU	SINESS/INDUSTR	WITH IE		
BE COMP	17. FATHER'S NAME (First, Middle, Last) STANISLAW	LAUI		WALI	NSKA				
TO 8	19a. INFORMANT'S NAME (Type/Print) FRANK WK 20a. METHOD OF DISPOSITION	ZOSEK 4	JULIE		APT 108	CATION — City of	LTO, MD		
	1 Suriel 2 Cremetton 3 Remo 4 Donation 6 Other (Specify) 21. Signature of Funeral Service Lice	val from State of cemetary,	crematory or other pla	ARY AME AND ADDRESS OF F	3/28 B		M.D.		
	Davil (Meles) [401 J.	WEBER	TER .	ST. 21231		
	IMMEDIATE CAUSE (Fine)	Due to (or as a consec					Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERT	reaulting in death) LAST								
PHYSICIAN: MEDICAL	Africant conditions Africant from Illaho SIP ISCHEMIZ bo Left CNA		eaulting in the und	derlying couse given in	1 Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER	26. PLACE OF DEATH (C	heck only one)				
	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)	ng Home 5 Residence 28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not ba determined 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28s. LOCATION (Street end Number or Rural Route Number, City or Town, State)								
COMPLETED	one)	CIAN: To the best of my knowledge, det t: On the basic of examination end/or i					use(e) end manner as stated.		
TO BE (290. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. DATE SIGNEO (Month, Day, Year) 290. Z - Z S - 9								
	JAMIE HARMS		1 MEMORI	m Hosp.	BALTMOR	E, MC	3		
	FEB 27 1991	32. AEGISTRAR'S STRIATURE OF	6						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH				
	JOSEPHINE		24 Y	91 1:10 A M						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest bit		AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)				
	rentium 10 M2 73	YRS. MONTHS DA	YS HOURS MIN.	1-15-1	2	SICI				
	9e. FACILITY NAME (if not institution, give street and number)	9b. CITY, TO	WN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH				
DIRECTOR	2439 DRUID HILL AVENUE	BALTI	MORE CITY							
EC		IOc. CITY, TOWN OR L	OCATION			10d. INSIDE CITY				
뜸	mu _	131	4110.			LIMITS? YES 2 NO				
4	10a. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?				
FUNERAL	2439 Druil Hill and	>	212	17	2	1.5				
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME		DECENDENT OF HISPA		a or No- 14	. RACE — American Indian,				
	1 Never Merried 2 Merried FORCES? 1 YES 2 MO 3 W Multiwed 4 Divorced FYES, GIVE WAR OR DATES	If yo	s, specify Cuben, Mexico YES 2 NO Specific	in, Puerto Ricen, etc.) ly:		Black, White, etc.				
B					/	RAKU				
Ĕ	(Specify party highpst grade completed) (Give	DENT'S USUAL OCCU		16b, KIND OF BI	JSINESS/INDUS	TRY				
COMPLETED	Blamentary/liscondary (0-12) College (1-4 or 8+)	NOT use retired.)								
₽	6 6	Meno	m							
ပ္ပ	I SAAC JONES		16. MOTHER'S NA	AME (First, Middle, Melde	n Surname)					
BE			L di	4 300	25					
2	196. INFORMANT'S NAME (Type/Pipt) DES SIC LAND	anling address (Si	reet and Number or Rural	Route Number, City or To	wn, Stete, Zip Co	ode)				
- 8		O OATE OF OISPOSI		OAT5 20c. L	OCATION — CIT	y or Town, State				
	4 Donetion 5 Other (Specify)	majory or other place	y Ch. Com	3/3 Cl	ester	e Sici				
ń	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ME AND ADDRESS OF FA	CILITY						
	Detts Fyneral Hom	e 11	29NC	molin	c 5	*				
	23. PART I. Enter the diseases, or complications that caused the deetl shock, or heart feiture. List only one cause on each line.	h. Do not enter the	mode of dying, suc	ch se cardlec or ree	piratory srree					
	***************************************		`			Onset and Death				
	disease or condition resulting in death)	CHEMOTIC	CIDADI	OUASUU	m					
	DUE TO (OR AS A CONSEQUE	ENCE OF):		DUSGAS	8					
z	Sequentially list conditions,									
Ĕ	If sny, leading to immediate	ENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that lettled ensembles or injury	ENCE OF:								
	that initiated events reculting in deeth) LAST	ENCE OF);								
岗	d					1				
	PART II. Other significant conditions contributing to deeth but not res	ulting in the unde	rlying ceuse given ir	Part I. 24a. WAS A	N AUTOPSY ORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
2				1 TYES	- 1	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
MEDICAL					40					
_										
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)						
S	EXAMINER?	OTHER:	Home 5 Deeldence	6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 266. DATE OF INJURY	28b. TIME OF 28	c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED				
	1 Netural 5 Pending (Month, Day, Year)	INJURY M	WORK?							
B√	3 Suielde 28e. PLACE OF INJURY — At home	, farm, street, factory	office	26f. LOCATION (Street		Rural Route Number,				
Ĕ	4 Homicide determined building, etc. (Specify)			City or Town, Stat	(e)					
Ë	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death	h occurred at the time	date and place, and du	a to the source(e) and m	anner ee stated					
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or inv									
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	IMBER	29d, DATE 8	BIGNED (Month, Day, Year)				
BE	III WAR I I M I M I I M I I M I I M I I M I I M I I M I I M I I M I I M I I M I M I I M I I M I I M I I M I I M I I M I I M I I M I I M I I M I M I I M									
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2	27) (Type, Print)	J 0.0.m.	ш •	1 02/	47/71				
	A CA A CANA A LI DAM		TREET, BALT	TMORE MAD	VT AND	21201				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		THURT & DURY	LIORE, PIAR.	LUMND	21201				
	FEB 27 1991 Julia Davidson-M	Panda 00								

FEB In 1991 John Million William

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1062 1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

THE GITT OF THE			211111	07112	-	-		111-5	u. 110.		
1. DECEDENT'S NAME (First, Middle ROBERT	W. WILI	LIAMSON	aka	John	F	Jon	99	2. DATE OF DEATH 24 199 TEAR 3. TIME			3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1		IF UNDER		7. DATE OF BIR			IPLACE (State or Foreign
And the second second	1 ₩ 2 □ F		YRS.	MONTHS DAYS HOURS MIN.			(Month, Day, Year) Co		Count	Country)	
214-62-7813 90. FACILITY NAME (If not institution	- 1	66	17.5	9b. CITY,	TOWAY C	D LOCATI	ON OF PE	01 25	25	OUNTY OF E	ARYLAND
									эс. С	JONIT OF L	CAIR
3712 FALLS RO	AD			BAL	r TM(DRE,	MARY	YLAND			
	COUNTY		10c, CIT	Y, TOWN OF	LOCAT	ION					10d. INSIDE CITY
MARYLAND			BA	ALTIM	ORE						LIMITS?
10e. STREET AND NUMBER					101	. ZIP COD	E		10g.	CITIZEN OF	WHAT COUNTRY?
3712 1	FALLS ROAD						2121	1		II	SA
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR				ENDENT (OF HISPAN	VIC ORIGIN? (Spec		- 14. BAC	E - American Indian.
1 Never Married 2 Merrie	d FORCES?	1 ☑ YES 2 ☐ P WAR OR DATES	NO				m, Mexica Specify	n, Puerto Ricen, e y:	Hc.)	Spec	k, White, etc.
3 🖔 Widowed 4 🗌 Divorced		WW TT				21					WHITE
15. DECEDENT (Specify only higher		(G	ive kind of v	USUAL OCH	CUPATIO	ON at of worki	na	16b. KIND	OF BUSINESS	/INOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	life	. Do NOT us	retired.)							
12TH			RI	ETIRE	D						
17. FATHER'S NAME (First, Middle, L	ast)					16. MOT	HER'S NA	ME (First, Middle,	Maiden Sumen	10)	
JOHN JONES								IDA BLO	CK		
19e. INFORMANT'S NAME (Type/Pris	16)	19	b. MAILING	ADDRESS	(Street	nd Numbe	r or Rural I	Route Number, City	or Town, State	, Zip Code)	
SHIRLEY GOR	OON		3732	FALL	SR	OAD,	BAL	TIMORE,	MD. 2	1211	
20e. METHOD OF DISPOSITION 1 ☑ Burtal 2 ☐ Cremation 3 (Removal from State	20b. PLACE						1	20c. LOCATION	I — City or T	own, State
4 Donation 5 Other (Specif		of cemetary CEDAR	HILI	L CEM	ETE	RY		2/28	BALTI	MORE,	MARYLAND
21. SIGNATURE OF FUNERAL SERV	/ICE LICENSEE	10					SS OF FA				
1 6 /4k	an Sei	Z h						Z, JR.			
23. PART I. Enter the disease	a as assetted as the) '/ '	- M - D -					AVENUE.			. 21211 Approximate
disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CAUSE (Disease or injury that initiated eventa resulting in death) LAST	CAUSE (Disease or injury that initiated eventa Due to (or as a consequence of):										
PART II. Other significant co	nditiona contributing t	D death but not	reaulting	in the und	derlyin	g ceuse	given in	Part I. 24a. 1	WAS AN AUTOF	PSY 24	b. WERE AUTOPSY FINDING
					3	Desce	**********		PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
								— ¹X	YES 2 NO	, I	OF DEATH?
								-			1 TES 2 NO
25. WAS CASE REFERRED TO MED	ICAL				26 5	ACE OF	SEATU AND	back onto on =1			
EXAMINER?	HOSPITAL:			OTHER	ta			neck only one)			
XX YES 2 □ NO 27. MANNER OF DEATH	1 Unpatient 2	ER/Outpatient 3			_	_	lesidence	6 Other (Spec		00011555	
1 Natural 5 Pendir 2 Accident Investi	(Month,	Day, Year)	28b. TIM	JURY M	W	PES 2	□ NO	28d. DESCRIBE	HOW INJURY	OCCURED	
3 Suicide 6 Could 4 Homicide determ	not be building	OF INJURY — At he g, etc. (Specify)	ome, farm,	street, facto	ory, offic	20		281. LOCATION City or Town	(Street end Nu n, State)	mber or Rural	Route Number,
onel o	3 PHYSICIAN: To the best										
	XAMINER: On the basis of	aximination end/or	investigation	on, in my of	pinion,	DOOR THE	red at the	time, date end p	race, end due	to the cause	(e) and manner es stated
296. SIGNATURE AND TITLE OF CO	Dalle	AM	1			29c. LIC	OCM		29d.	_	25 1991
30. NAME AND ADDRESS OF PERS	COLUT TR.		M 27) (Type		PE	NN S	TREE'	r BALT	IMORE,	MARY:	LAND 1991
31. DATE FILED (Month, Dey, Year)			,	-							
FEB 27 1991	Gulia Davide	ANT'S SUNATURE	6								

EEB 5.4 1632 1.5 True Three Page 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	0	5	0	9	2

	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH H DAY	YEAR 3.	TIME OF DEATH
	FLORA			DINGTON	0:	2 23 1	991	4:55
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday) IF U	HE DAYS HOURS MI	(3.4	OF BIRTH	8. BIRTHPL Country)	NCE (State or Foreig
_	9e. FACILITY NAME (If not institution, give s	treet and number)	9b. (CITY, TOWN OR LOCATION O	F DEATH	9c. COU	NTY OF DEAT	гн
DIRECTOR	2238 MURA STRE	ET		BALTIMORE		BAI	TIMOR	E
Zilli.	104. STATE TOB. COUNTY	-01	10c. CITY TOV	IN OR LOCATION			10	NA. INSIDE CITY LIMITS? YES 2 \(\) NO
FUNERAL	100. STREET AND NUMBER	ua Sh	ech	10f, ZIP CODE	213	10g. CITI	ZEN OF WHA	S/+
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO S	xicen, Puerto		14. RACE — Black, V Specify:	American Indian, Vhite, etc.
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USUA (Give kind of work d	L OCCUPATION one during most of working ad.)	168	, KIND OF BUSINESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retin	ed.)		none:	>	
N O	17. FATHER'S NAME (First, Middle, Leet)	1		16. MOTHERS	NAME (First,	Middle,[Malden Surname)		
w I	Beine	FLAM		R	ella	de Ba	10/	
10 8	19a. INFORMANT'S NAME (Type/Pent)	11/2-	19b. MAILING ADDI	RESS (Street and Number or R	ural Route Nym	ber City of Town, State, Zip	Code)	
	20a. METHOD OF DISPOSITION	yer	1330	DR	62 -	Soria	LL-L	train and
	1 Donation 5 Other (Specify)		PLACE AND DATE OF E metary, crematory or of USSEN	of place)	S 31	E 206 LOCATION —	City or Town	, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSIEE	Vilson C	22. NAME AND ADDRESS O	F FACILITY	11 Jan	vice	11
	· Ollellia	of me	Tunna	2302	WI	esto cu	œ 1	12/
	23. PART I. Enter the diseases, prahock, or heart feliure. IMMEDIATE CAUSE (Final disease pr condition resulting in death)	List priy prid couse on ee	ch iine.	Homonn				Approximatinterval Bel
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A od.	CONSEQUENCE OF):					
2							_	
	PART ii. Other aignificent condition	is contributing to deeth bu	t not reauiting in the	underlying cause give	n in Part I.	24a. WAS AN AUTOPSY	24b. W	ERE AUTOPSY FINI
EDICAL	PART ii. Other aignificent condition	e contributing to deeth bu	t not reaulting in the	e underlying cause give	n in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 PYES 2 NO	A C	VERE AUTOPSY FINI VAILABLE PRIOR TO OMPLETION OF CAI OF DEATH?
MEDICAL		s contributing to deeth bu	t not resulting in th			PERFORMED?	A C	VAILABLE PRIOR TO OMPLETION OF CAU F DEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	от	28. PLACE OF DEATH	1 (Check only o	PERFORMED? 1 Pres 2 No	A C	VAILABLE PRIOR TO OMPLETION OF CA OF DEATH?
SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		от	28. PLACE OF DEATH MER: Nursing Home 5 🖔 Reside	1 (Check only o	PERFORMED? 1 VES 2 NO ne) wr (Specify)	1	WAILABLE PRIOR TO OMPLETION OF CA OF DEATH?
PHYSICIAN: MEDICAL	26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	ttent 3 🗆 DOA 4 🗆	28. PLACE OF DEATH	1 (Check only o	PERFORMED? 1 Pres 2 No	1	WAILABLE PRIOR TO OMPLETION OF CA OF DEATH?
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X VES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpa	ttent 3 DOA 4 DT 26b. TIME OF INJURY	28. PLACE OF DEATH HER: Nursing Home 5 N Reside 28c. INJURY AT WORK? M 1 YES 2 NO	A (Check only o	PERFORMED? 1 VES 2 NO ne) wr (Specify)	CURED	WALLABLE PRIOR TO OMPLETION OF CA F DEATHY G-YES 2 NO
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 ER/Outpa 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Special Clans): To the best of my knowled	tient 3 DOA 4 DT 4 DOA 26b. TIME OF INJURY At home, ferm, street y)	28. PLACE OF DEATH MER: Nursing Home 5 N Reside 28c. INJURY AT WORK? 1 YES 2 NO factory, office	1 (Check only of the City of t	PERFORMED? 1 VES 2 NO NO NO NO NO NO NO NO NO NO	CURED CURED T or Rural Rocuted.	WALLABLE PRIOR TO OMPLETION OF CAIF DEATHY?
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 26b. PLACE OF INJURY building, etc. (Special CIAN: To the best of my knowle ER: On the best of examination	tient 3 DOA 4 DT 4 DOA 26b. TIME OF INJURY At home, ferm, street y)	26. PLACE OF DEATH HER: Nursing Home 5 X Reside 28c. INJURY AT WORK? 1 YES 2 NO fectory, office the time, date end place, end my opinion, death occured a	14 (Check only of nice 8 Oth 28d. DE 28f. LO Clt)	PERFORMED? 1 VES 2 NO NO NO NO NO NO NO NO NO NO	CURED CURED r or Rural Roc	WALLABLE PRIOR TO OMPLETION OF CAI F DEATHY? SAME TO DEATHY? WHEN 2 IN NO.
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 26b. PLACE OF INJURY building, etc. (Special CIAN: To the best of my knowle ER: On the best of examination	tient 3 DOA 4 DT 4 DOA 26b. TIME OF INJURY At home, ferm, street y)	28. PLACE OF DEATH HER: Nursing Home 5 \$\infty\$ Reside 28c. INJURY AT WORK? 1 YES 2 No. factory, office the time, date end place, end my opinion, death occured a	1 (Check only of the first of the time, det	PERFORMED? 1 VES 2 NO NO NO NO NO NO NO NO NO NO	CURED CURED Tor Rural Routed. ted. Te Signed (A	WALLABLE PRIOR TO OMPLETION OF CAIF DEATHY LAMBER 2 NO. NO. 10 No. 10
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Claim): To the best of my knowle	tient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 DOA	28. PLACE OF DEATH HER: Nursing Home 5 X Reside 28c. INJURY AT WORK? 1 YES 2 No. factory, office 29c. LICENSE OC.	1 (Check only of the first of the time, det	PERFORMED? 1 VES 2 NO NO NO NO NO NO NO NO NO NO	CURED CURED Tor Rural Routed. ted. Te Signed (A	WALLABLE PRIOR TO OMPLETION OF CA P DEATH? VES 2 No.
BE COMPLETED BY PHYSICIAN: MEDICAL	26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be datermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29a. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Claim): To the best of my knowle	tient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 DOA	28. PLACE OF DEATH HER: Nursing Nome 5 N Reside 28c. INJURY AT WORK? 1 YES 2 NO factory, office the time, date end place, end my opinion, death occured a 29c. LICENSE OC	26f. LO 26f. LO 26f. LO 26f. LO 26f. LO 26f. LO 26f. LO 26f. LO 26f. LO	PERFORMED? 1 VES 2 NO NO NO NO NO NO NO NO NO NO	CURED CURED TO Rural Roce ted. the couse(e) of the couse(e	while PRIOR TO MAPLETION OF CLEAN TO BEATH? THE Number, THE Number, THE Number, THE Number, THE Number, THE Number, THE Number,

HER TERM (\mathfrak{I})

permit. Pages 1, 2, 3 should

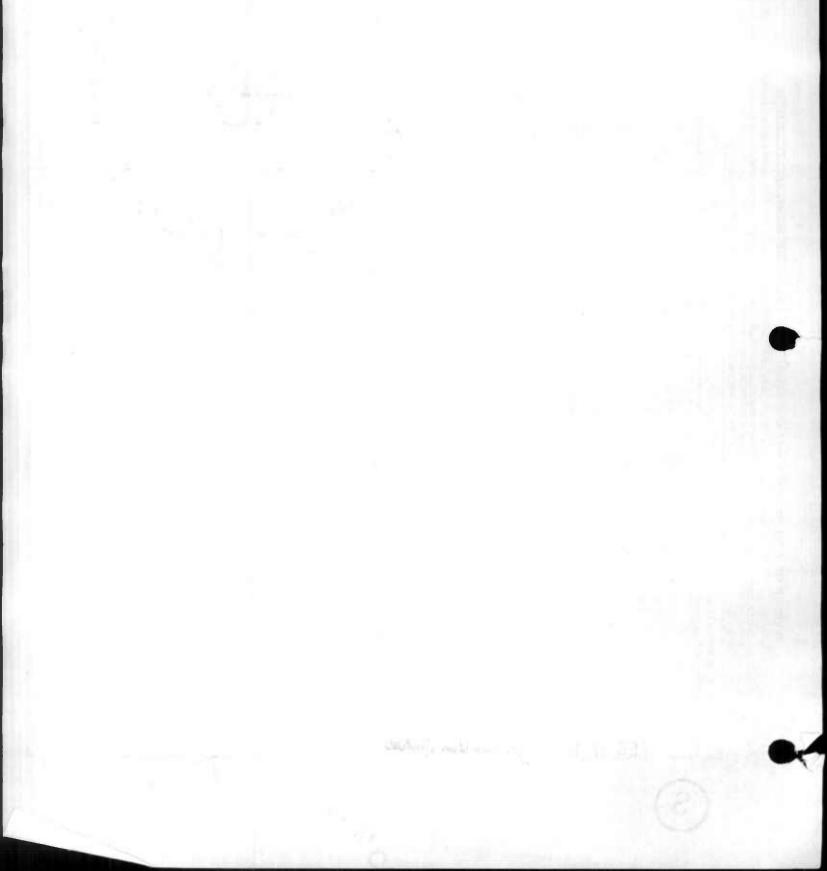
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the violar after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	important: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal	IMPORTANT: If item 28 is m
	10	le.

						91	05093
	1 SIAIE	TATE OF MARYLAND		T OF HEALTH AND E OF DEATH			
	REGISTRAR	CE	ENTIFICAT	E OF DEATH	_	G. NO.	3. TIME OF DEATH
	1. DECEDENT'S NAME (First, Middle, Last)	0 - 1, 5	. 1.	H.	2. DATE OF D	DAY YE	AR OAT P
	411010111111111111111111111111111111111	exander T. V	Marmin	7K1	02	21 9	401 IM
		SEX 6. AGE " VT les	//	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BI (Month, Day,		BIRTHPLACE (State or Foreign Country)
	22005 3056 10	M 2 D F 70	YRS. MONTHS	DAYS HOURS MIN.	01-05		arvland
	9a. FACILITY NAME (If not institution, give street in	and number)	9b. CIT	Y, TOWN OR LOCATION OF D		9c. COUNTY	
or l				100			
DIRECTOR	University of Max	<u>ryland Hospi</u>	tal Ba	altimore C	ity		
្ត្រ	RESIDENCE OF DECEDENT		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
E							LIMITS?
	MD		Dait.	imore City			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E	3437 Cliftmont /	Avenue		21213		U.	S.A.
3		WAS DECEDENT EVER IN U.S. AR		. WAS DECENDENT OF HISPA		ecify Yea or No- 14.	RACE - American Indian, Black, White, etc.
	1 Never Married 2 Merried	FORCES? 1 YES 2 P	NO	If yes, specify Cuban, Mexic 1 YES 2 NO Spec		etc.)	Black, White, etc. Specify:
à	3 Wildowed 4 Divorced		WII	T TES EXT NO Space	ay.	lo:	aucasian
	15. DECEDENT'S EDUCATION		ECEDENT'S USUAL	OCCUPATION	18b. KING	OF BUSINESS/INDUST	
I	(Specify only highest grade com	pleted) (G	live kind of work done Do NOT use retired.	during most of working			
۳ ا	Later and the second state of the second state	ollega (1-4 or 5+)					
₹	12	La	clibra				ovina Ground
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle	, Malden Surname)	
BE (Stanley Warmins	ki					
	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADDRES	SS (Street and Number or Rura	I Route Number, C	ty or Town, State, Zip Co	de)
2	Alexandra Kopp	0	OZ Hode	ne Row Ct.	Poloir	Md 21	01/
				Name of cemetery, crematory or		20c. LOCATION — City	or Town State
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removed	from State other pl	(ece)				15.50.15.05.10
100	4 Donation 5 Other (Specify)	Holy		y Cemetery		Baltimor	e Co.Ma.
	21. STONATURE OF FUNERAL SERVICE LICENS	EE / /	22	. NAME AND ADDRESS OF F	FACILITY		
	ormand To	HAMININI I	Visit K	aczorowski	FH	2525F1ee	t St.21224
-	23. PART I, Enter the diseases, or com	allegation of the design of the de					
		only one couse on each line		er the mode of dying, au	ICH #0 CALCHAC	or respiretory arrest	interval Between
	IMMEDIATE CAUSE (Final	Λ . Ικ					
3	disease or condition			1			Onset and Death
		Arute Myel	OGENT	Leuken	ia		
	resulting in death) a	Acute Myel DUE TO (OR AS A CONSE	OGLINON	Lenken	ia		
_		DUE TO (OR AS A CONSE	OSCHOLI	Leuken	ia		
NO	resulting in death) s Sequentially list conditions, b	DUE TO (OR AS A CONSE	OGLICA OF):	Leuken	نتم		
ATION	securiting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	COUENCE OF):	Leuken	ia		
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		•	Leuken	ماند	and the second s	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	•	Leuken	ماند		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		•	Leuken	ia		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):			MAS AN AUTODOV	Onset and Death 24 eas
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF):			. WAS AN AUTOPSY PERFORMED?	Onset and Death 2 years 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):		in Part I. 24a		Onset and Death 2 years 24b. WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):		in Part I. 24a	PERFORMED?	Onset and Death 2 years 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):		in Part I. 24a	PERFORMED?	Onset and Death 2 y eas 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the cause of the	DUE TO (OR AS A CONSE	QUENCE OF):	underlying ceuse given i	in Part I. 24a	PERFORMED?	Onset and Death 2 y leafs 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other eignificant conditions of the condition of	ontributing to deeth but not	resulting in the	underlying ceuse given i	in Part I. 24a	PERFORMED?	Onset and Death 2 y leafs 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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	PART II. Other eignificant conditions of the condition of	OSPTAL: Inpatient 2 ER/Outpatient :	resulting in that	underlying ceuse given i 28. PLACE OF DEATH (t ER: unsing Home 5 □ Residenc	in Part I. 24a 1 [Check only one) 6	PERFORMED?	Onset and Death 2 years 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions could be cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions could be caused by the condition of the country of the country of the country of the country of the caused by the	ONE TO (OR AS A CONSE	resulting in that	underlying ceuse given i 26. PLACE OF DEATH (1 ER: ursing Home 5 □ Residenc	in Part I. 24a 1 [Check only one) 6	PERFORMED? YES 2 NO	Onset and Death 2 years 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other eignificant conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the cause of the	OSPIAL: Inpetient 2 ER/Outpatient : 28a. DATE OF INJURY (Month, Day, Year)	resulting in the state of the s	28. PLACE OF DEATH (IER: ursing Home 5 Gedlenc WORK?	Check only one) 6 G Other (Sp 28d, LOCATIO	PERFORMED? YES 2 NO ecity) BE HOW INJURY OCCUI	Onset and Death 2 years 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other eignificant conditions of the Examiner? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR AS A CONSE	resulting in the state of the s	28. PLACE OF DEATH (IER: ursing Home 5 Gedlenc WORK?	Check only one) 6 G Other (Sp 28d, LOCATIO	PERFORMED? YES 2 NO ecity) BE HOW INJURY OCCUI	Onset and Death 2 years 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other eignificant conditions resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined	OSPITAL: Topetiant 2 ER/Outpatient 28a. DATE OF INJURY 28a. PLACE OF INJURY — At houlding, etc. (Specify)	resulting in that	26. PLACE OF DEATH (1) ER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	In Part I. 24s 1 [Check only one) 6 Other (Sp 28d. DE\$CRIII 281. LOCATIO City or 76	PERFORMED? YES 2 NO ecify) BE HOW INJURY OCCUI N (Street and Number or wrn, State)	Onset and Death 2 years 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other eignificant conditions could not be determined 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	OSPIAL: Inpetient 2 ER/Outpatient : 28a. DATE OF INJURY (Month, Day, Year)	resulting in that	26. PLACE OF DEATH (1) ER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	In Part I. 24s 1 [Check only one) 6 Other (Sp 28d. DE\$CRIII 281. LOCATIO City or 76	PERFORMED? YES 2 NO ecify) BE HOW INJURY OCCUI N (Street and Number or wrn, State)	Onset and Death 2 years 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other eignificant conditions of the conditions of the country of the cou	OSPITAL: Topetiant 2 ER/Outpatient 28a. DATE OF INJURY 28a. PLACE OF INJURY — At houlding, etc. (Specify)	resulting in the state of the s	28. PLACE OF DEATH (I ER: uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	In Part I. 24s 1 [Check only one) 6 Other (Sp 28d. DESCRIII 28f. LOCATIO City or %	PERFORMED? YES 2 NO ecify) BE HOW INJURY OCCUI N (Street and Number or wm, State)	Onset and Death 2 years 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other eignificant conditions of the conditions of the country of the cou	OSPITAL: Topatiant 2 ER/Outpatient 28a. DATE OF INJURY 28a. PLACE OF INJURY — At houlding, etc. (Specify)	resulting in the state of the s	28. PLACE OF DEATH (I ER: uraing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	in Part I. 24a 1 [Check only one) 6 G Other (Sp 28d. DE\$CRII 281. LOCATIO City or 76	PERFORMED? YES 2 NO ecity) BE HOW INJURY OCCUI N (Street and Number or wrn, State) and menner as stated place, and due to the	Onset and Death 2 years 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART H. Other eignificant conditions of the control	OSPITAL: Topatiant 2 ER/Outpatient 28a. DATE OF INJURY 28a. PLACE OF INJURY — At houlding, etc. (Specify)	resulting in the state of the s	28. PLACE OF DEATH (IER: 28. INJURY AT WORK? 1 YES 2 NO actory, office e time, data and place, and d y opinion, death occurred at t	in Part I. 24a 1 [Check only one) 6 G Other (Sp 28d. DE\$CRII 281. LOCATIO City or 76	PERFORMED? YES 2 NO ecity) BE HOW INJURY OCCUI N (Street and Number or wrn, State) and menner as stated place, and due to the	Onset and Death 2 years 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	PART H. Other eignificant conditions of the control	ONSE TO (OR AS A CONSE CONTRIBUTION OF THE PROPERTY OF INJURY (Month, Day, Year) 28a. DATE OF INJURY — At he building, etc. (Specify) N: To the best of my knowledge, do on the basis of examination and/or	resulting in that Total and the second at t	28. PLACE OF DEATH (IER: 28. INJURY AT WORK? 1 YES 2 NO actory, office e time, data and place, and d y opinion, death occurred at t	in Part I. 24a 1 [Check only one) 6 G Other (Sp 28d. DE\$CRII 281. LOCATIO City or 76	PERFORMED? YES 2 NO ecity) BE HOW INJURY OCCUI N (Street and Number or wrn, State) and menner as stated place, and due to the	Onset and Death 2 years 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, Cause(e) and menner as stated.



S1. DATE FILED (Month, Dey, Year) FEB 27 1991

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTR	
1. DECEOENT'S	
Ches	
4. SOCIAL SECU	
9a. FACILITY NA	
18 SO RESIDENCE 10e. STATE	
RESIDENCE	
MARYL	
10e. STREET AN)
18 S. I	١
11. MARITAL STA	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO			
H	1. DECEOENT'S NAME (First, Middle, Last)	a. 1		77.	1.5	2. DATE OF DEATH NONTH 2	1 5	3. TIME OF DI	EATH P M
	Chester	Stan1e			ulis		-	7. 1.00-	
9	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGI	E (In yrs. lest birthday) 1 7 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		(Month, Day, Year)		B. BIRTHPLACE (State of Country) MARYLAND	r Foreign
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOW	N OR LOCATION OF DE	EATH	9c. COUNT	TY OF DEATH	
FUNERAL DIRECTOR	18 South Madeira	St.		Balti	more				
5									
2	10e. STATE 10b. COUNTY			Y, TOWN OR LO				10d. INSIGE C LIMITS?	
0	MARYLAND		BA	LTIMO				1 X YES 2	
M	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY	77
	18 S. MADERIA S				21231		US	SA	
2	11, MARITAL STATUS 1. Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE			DECENDENT OF HISPAI , specity Cuban, Maxica	NIC ORIGIN? (Specify Years, Puerlo Rican, atc.)	s or No-	14. RACE — American In Black, White, etc.	ndlan,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		VES 2 NO Specif			Specify: WHITE	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEOENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF BU	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12) 9 YEARS	College (1-4 or 5+)	UNEMPL		most of working				
NO.	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
	EDWARD WICZUL	TS				S STEWA			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Sm		Route Number, City or Tow		Code)	_
5	MR. EDWARD WIC		18 S.	MADE	RIA STRE	ET BALTO	. MD	21231	
	20a METHOD OF OISPOSITION 1 Surial 2 Cremation 3 Remo	oval from State	PLACE AND DATE OF THE PROPERTY			DATE 200. LO		O . MD .	
	21. SIGNATURE OF FUNERAL SERVICE MC	ENSEE		22. NAM	AND ADDRESS OF FA	FUNERAL	110145	_	
	Karmond K	Lasur	uslin			ST. BALT			
	ART i. Enter the diseases, or &	omplications that cous	ed the deeth. Do	not enter the	mode of dying, suc	h es cerdiec or resp	lratory srre		
ľ	shock, or heart fellure. I	List only one cause on	each line.						Batwesn and Death
	diseese or condition	LIA	Nau	re					
	resulting in death)		A CONSEQUENCE O					- i -	
_								İ	
<u> </u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):					
Χ	cause. Enter UNDERLYING			2017.					
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):					
E	resulting in desth) LAST	4.3							
ᄬ									
EDICAL	PART II. Other significant condition	a contributing to death	but not resulting	in the under	ying ceuse given in	Part i. 24a. WAS AP PERFO		24b. WERE AUTOPS AVAILABLE PRI	OR TO
음						1 YES	2 🗌 NO	OF DEATH?	OF CAUSE
	<u> </u>							1 TYES 2	□ NO
ä									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				. PLACE OF DEATH (C	neck only one)			
S	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 🗆 DOA	OTHER:	Home 5 12 Residence	6 Other (Specify)			
Ξ	27. MANNER OF DEATH	26a. DATE OF INJUR (Month, Day, Year			INJURY AT	28d. DESCRIBE HOW	INJURY OCC	URED	
	1 Natural 5 Pending	2=25=91		005P 1	WORK?	C. I to an	1	J15	
B (2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU	RY — At home, farm,	street, factory,		Subject 281. LOCATION (Street	and Number of		
ᇤ	4 Homicide detarmined	building, atc. (S)	Hom	e		City or Town, State		- 04	
Щ	29e. CERTIFIER	Olani To she been at a co	and ada and are		data and all and a six	118 South N			
COMPLETED	(Check only 1 CERTIFYING PHYSI	CIAN: To the bast of my know. R: On the basis of examinar							na adeted
္ပ			energy streetigest	on, in my opinic			COMMITTEE STATE	Section Control of	€ E-105 T
BE	296. SIGNATURE AND TITLE OF CENTURES				29c. LICENSE NU			SIGNED (Month, Day, Ye	oar)
2	100	TXT			O.C.M.E		2-	-26-1991	100
	30. NAME AND ADDRESS OF PERSON WH		OEATH (ITEM 27) (Type	, Print)					The A
ł	A-IN. I) (KON			111 Penr	St. Balti	nore,	Md.	-
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE						
	FFB 27 199	guia Dav	idson-Randa	1960					
		17							H-16 Rev 1/89





IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1034 Per F.H.

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	1. DECEDENT'S NAME (First, Midd	V	WARNER			2. DATE OF DEATH DAY 199 YEAR		3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER		SEX	8. AGE (In yrs. last	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	MIN.	7. DATE OF BIR' (Month, Day,)	bar)	Coun	
OR	213-52-8329 90. FACILITY NAME (If not institute MIEM		96. CITY SOLUTION OF DEATH BALTIMORE CITY 96. COUNTY OF DEATH										
DIRECTOR	10a. STATE 10b.	COUNTY			10c. CIT	Y, TOWN O	R LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Ball	to.			Tow		I. ZIP COD	E		10g. C	ITIZEN OF	1 ☐ YES 2 ☑ NO WHAT COUNTRY?
FUNERAL	204 East	Joppa	Rd.					27	L204			U.S	. A .
B⊀	11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	12	FORCES?	NT EVER IN U.S. ARI I YES 2 NAME OR DATES			f yes, sp		nn, Mexica	NIC ORIGIN? (Spec n, Puerto Ricen, e y:		14. BAC	E — American Indian, ck, White, atc.
COMPLETED	15. DECEDEN (Specify only high Elementary/Secondary (0-12)		ION npleted) College (1-4 or 5	(Gi	ive kind of	Work done of the retired.)			ing	18b. KIND	OF BUSINESS/	INDUSTRY	WILL CO
AP.	12		zonega (1-4 or 5	**	Meat	t Pac	ker			Me	eat Inc	lustr	у
	17. FATHER'S NAME (First, Middle,							18. MOT	HER'S NA	ME (First, Middle, I			
BE	Robert A 19a. INFORMANT'S NAME (Type/P		lander	198	b. MAILING	3 ADORESS	(Street	and Numbe		n L. Route Number, City		Zin Code)	
임	Rehert A C		der							Northan			. 01060
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3		from State	20b. PLACE of cemetary,	AND OAT	E OF DISP	OSITIOI	N (Name		OATE 2	Oc. LOCATION		
	4 ☐ Donation 6 ☐ Other (Special Services)		SEE /	/ J G	reeni			Mete		2/26/91 CIUTY	Ba	Lto.	Md.
14	- (Inall 6	Sela	le &			F	Ruck	Tow	son	l Funeral			.21204
	23. PART İ. Enter the diseés shock, or heert IMMEDIATE CAUSE (Finel diseese Dr condition resulting in death)	fellure. Lis	t only one ca	TPUS O (OR AS A CONSEC	D	Jun							Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):												
ERT	thet initieted events resulting in deeth) LAST	d											
MEDICAL CI	PART II. Other eignificent c	onditiona c	contributing to	o deeth but not r	reaulting	In the ur	nderlyli	ng cause	given in		MAS AN AUTOPPERFORMEO?		Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 PYES 2 NO
AN:	25. WAS CASE REFERRED TO ME	DICAL					26. F	PLACE OF	DEATH (C)	neck only one)			
SICI	EXAMINER? XIX YES 2 NO	H	OSPITAL:	XER/Outpetlant 3	DOA	OTHER	R:				effy)		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28e. DATE OF INJURY 28b. TIME OF INJURY WORK? 1 VES 2 No Driver, Auto-Van impact 28e. PLACE OF INJURY 4 home, farm, street, factory, office (
ETE		rmined	Rt.#0	695 at C	harl	es St	.,T	owso	n,Md	. Same	as 28E		
COMPLETED	CONTROL ONLY		_	of my knowledge, de examination and/or									o(a) and manner as stated.
TO BE C	295. SIGNATURE AND TITLE OF	reyy	ell			Description (1)				29d.		23 1991	
-			COMPLETED CA	USE OF DEATH (ITE	M 27) (Typ		11	Benn	STR	BET BAI	LTIMORI	E, MA	RYLAND 21201
0.7	31. DATE FILED (Month, Day, Year)	1991	32. REGISTE	Davidson-V	fandel								



OHMH-18 Rev 1/89

ues.

DIVISION OF VITAL RECORDS, P.O. BOX 13149, BALLIMONE, MARTLAND 21203-3146	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 vious after death. Page 6 may be retained by the hospital or attending physician.	n.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	ansit permit. Pages 1, 2, 3 should
IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

05096 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 0 0 9 0 1 1 5 TATE OF MARYLAND / DEPARTMENT OF DEATH REG, NO.							
	1. DECEDENT'S NAME (First, Middle, Last) OTELIA YOUNG 2. DATE OF DEATH MONTH DAY YEAR 0 4 30 A M							
	4. SOCIAL SECURITY NI IMPED 5. SEX 8. AGE (In yrs. lest birthday) 1 M 2 S RS. 8. AGE (In yrs. lest birthday) 1 M 2 RS. 8. AGE (In yrs. lest birthday) 1 M 2 RS. 8. AGE (In yrs. lest birthday) 1 M 2 RS. 8. AGE (In yrs. lest birthday) 1 MONTHS DAYS HOURE MIN. 9							
TOR	9a. FACILITY HAME (It not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH							
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 PES 2 NO							
FUNERAL	100. STREET AND HUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA							
Β¥	11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPAHIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, 15. WAS DECEDENT OF HISPAHIC ORIGIN? (Specify Yea or No— 16. PORCES? 16. YES 2 DINO Specify: 17. WAS DECEDENT OF HISPAHIC ORIGIN? (Specify Yea or No— 18. WAS DECEDENT OF HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OF HISPAHIC ORIGIN? (Specify Yea or No— 11. WAS DECEDENT OF HISPAHIC ORIGIN? (Specify Yea or No— 12. WAS DECEDENT OF HISPAHIC ORIGIN? (Specify Yea or No— 13. WAS DECEDENT OF HISPAHIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, 15. WAS DECEDENT OF HISPAHIC ORIGIN? (Specify Yea or No— 16. RACE — American Indian, 17. WAS DECEDENT OF HISPAHIC ORIGIN? (Specify Yea or No— 18. WAS DECEDENT OF HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OF HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OF HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC ORIGIN? (Specify Yea or No— 19. WAS DECEDENT OR HISPAHIC OR HISPAHIC OR HISPAHIC OR HISPAHIC OR HISPAHIC OR HISPAHIC OR HISPAHIC OR HISPAHIC OR HISPAHIC OR HISPAHIC OR HISPAHIC OR HISPAHIC OR HISPAHIC OR HISPAHIC OR HISPAHIC OR							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working life. Do NOT use retired.) Dimes the PLETIKES.							
	17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname)							
TO BE	Mr.S. MARIE (Specific) 190. MAILING AGORESS (Street and Number or Rural Rouse Number, City or Town, State, Zip Code) 2422Liberty Herohts Ave. BAITO. Md. 2125							
	20a. METHOD OF DISPOSITION Duriel 2 Cremation 3 Removal from State Commation 5 Other (Specify) Co. Mcl.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 12. MARE AND ADDRESSHOP FACED SS F-UN EVAL HOOME 22. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. MARE AND ADDRESSHOP FACED SS F-UN EVAL HOOME 23. MARE AND ADDRESSHOP FACED SS F-UN EVAL HOOME 24. RUSS 25. MARE AND ADDRESSHOP FACED SS F-UN EVAL HOOME 26. MARE AND ADDRESSHOP FACED SS F-UN EVAL HOOME 27. MARE AND ADDRESSHOP FACED SS F-UN EVAL HOOME							
	23. PARV I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, abock, or heart fellure. List only one cause on sech line. Approximate interval Between							
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Congettve duart facture Due to (or as a consequence of):							
NOI	Sequentially list conditions, Due to (or As a consequence of): Due to (or As a consequence of):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):							
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS							
PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 HO AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO							
CIAN	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
PHYSI	1 YES 2 NO. 1 Superlient 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month. Day, Year) 28b. TIME OF INJURY WORK? WORK?							
ВУ	Hetural 5 Pending Investigation 2 Accident Suicide 8 Could not be detarmined City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATIOH (Street and Number or Bural Boute Number, City or Town, State) City or Town							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMIHER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(e) and manner as stated.							
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE HUMBER 29d. DATE SIGNED (Month, Day, Your)							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE							
	FEB 27 1991 Julia Tavidson-Randelle							



		pes 1, 2		
) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show the attending to the burial-transit permit. Pages 1, 2		
	dan.	-transit p		
1146	ng physic	he burial		
203-3	attendir	use as th		
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BALTIMORE, MARYLAND 21203-3146	retaine	5 should		notified
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O. B	certifica	nding phy	Hygiene	or other
S, P.	the death	the atter	Mental	njury, o
ORD	tes that	igned by	ealth and	rs amy I
REC	aw requi	s peen s	ept. of H	3 show
/ITAL	W: The I	ficate ha	State De	Item 2
OF V	PHYSICIA	this certi	with the	rked, or
NO	ENDING	R: After	er death	Is mai
DIVISION OF VITAL RECORDS, P.O. BOX 13146,) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the partial or attending physician.	DIRECTO	ified within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation. or removal.	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
_	OSPITAL	UNERAL	ithin 72	ANT: H
	THE H	THE F	filed w	IPORT

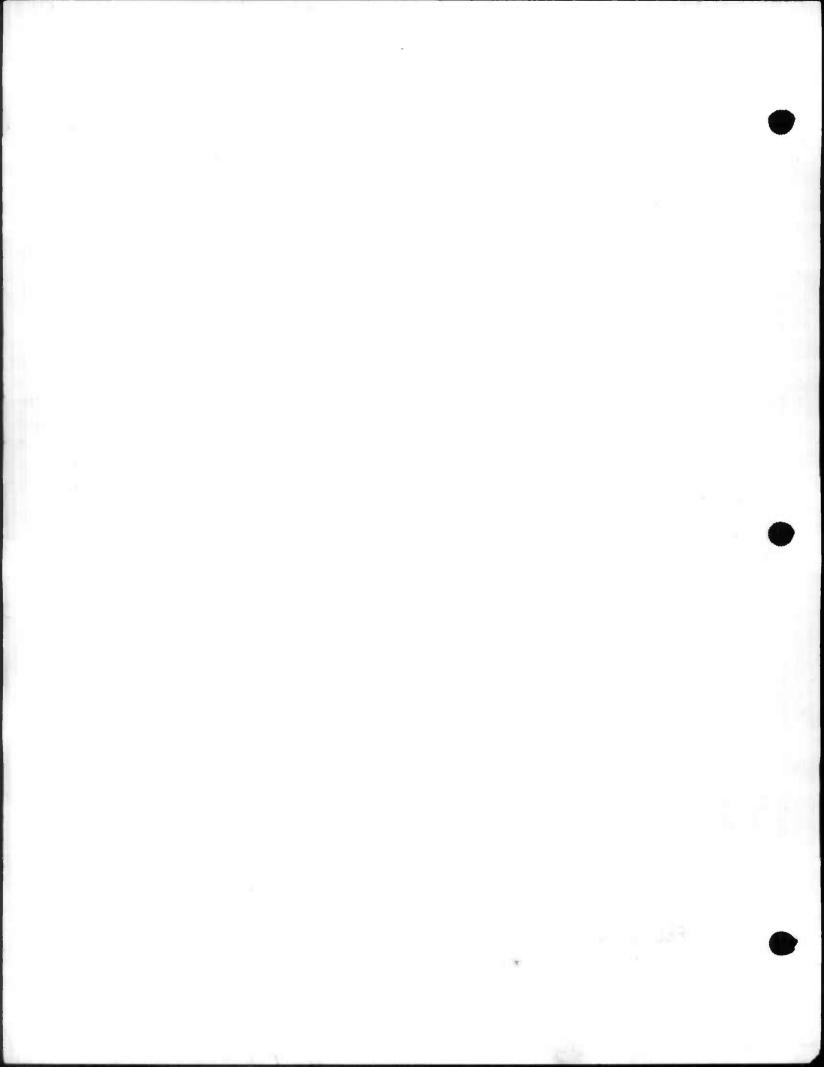
IMPORTANT:

299

REG. NO. 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH MONTH akins Q 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year JE UNDER 1 YEAR JE UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 □ M 2 🕁 F YRS. 46-20-8122 5/8/21) Se. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Rockville DIRECTOR RESIDENCE OF DECEDENT Mont 10a STATE 10h COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Md Rockville Mont 1 YES 2 NO 104 STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE 90 Monroe St 20850 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2XXNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, stc.) 14. RACE — American Indien, Black, White, stc. FORCES? 1 YES 24 Never Married X2XX Married 1 YES 2 NO Specify: Black BY 3 Wildowed 4 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) COMPL 9th Grade Domestic None 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Richard A Cleveland Alma Meredith BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 E Lee Salters (Daughter) 710 Roeder Road, Silver Spring, Md #504 20910 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20e. METNOD OF DISPOSITION
1 to Suriel 2 □ Cremetion 3 □ Removal from State 28c. LOCATION — City or Town, Blate Parklawn Cemetery Rockville, Md 4 Donetion 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY

John T Rhines Co., Inc 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 3015 12th St NE,DC umm 23. PART I. Enterthe diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert fallure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition 24 hours resulting in deeth) arten CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO OMPLETION OF CAUSE 1 - YES 2 - HO OF DEATH? 1 YES 2 NO chen ic heard disease hunic 6 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 🗌 Reeldence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street end Number or Flural Route Number, City or Town, State) 3 Suicide 6 Could not be determined ETED 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 009764 2 AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 50 W. RDrisnstown, Rockville, MO 20852 A. RRISKIN, 32. REGISTRAR'S SIGNATURE

a Davidson-Randelle



BALTIMORE, MARYLAND 21203-3146

quires that the death certificate	n signed by the attending phys	f Health and Mental Hygiene p	lows any injury, or other
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending phys	iled within 72 hours after death with the State Dept. of	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other
2	2	pe	Ξ

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H		MENTAL HYGIE		•	
	1. DECEDENT'S NAME (First, Middle, Lest)	Pobert	BI	1/1500)	2 3	DAY	YEAR 97	3. TIME OF DEATH 1902 M
	4. SOCIAL SECURITY NUMBER 216-84-0667	5. SEX 6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF BIRTH (Month, Day, Year)	160	Countr	PLACE (State or Foreign y) RYLAND
TOR	9a. FACILITY NAME (If not inequation, give st 1427 RESIDENCE OF DECEMENT	IBIAN DV			SA de	NA	9c. COUI	ATY OF D	A.
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	ANNE ARUNDE		Y, TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES ZONO
FUNERAL	100. STREET AND NUMBER 1427 AMPHIBIAN	N ROAD		101	2112.	2	10g. CITI		O.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp		NIC ORIGIN? (Specify Yon, Puerto Ricen, atc.)	se or No—	Speci	E — American Indian, k, White, atc. fly: VHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	usual occupation work done during mose retired.) MBER	ON set of working	16b. KIND OF B	USINESS/IND		
BE COM	17. FATHER'S NAME (First, Middle, Liest) HERBERT T. ALLISON 16. MOTHER'S NAME (First, Middle, Meiden Surnerm SARAH M. WILLISON					n Sumeme)			
TO B						1122			
	20a_METHOD OF DISPOSITION 1 \(\subseteq \text{Buriel 2 } \subseteq \text{Cremetlory 3 } \subseteq \text{Remote } \) 4 \(\subseteq \text{Donation 5 } \subseteq \text{Qther} \(\subseteq \text{Specify} \)	oval from State GLEI	VCE OF DISPO	EN CEME	me of commetary, crematory or EMETERY 3/2 GLEN BURNIE, MD.				
	21. SIGNATURE OF FUNE AND SERVICE LIC	ENSEE Loufn	nem	RAYMO	ND ADDRESS OF FA OND C. I CRAIN H	CILITY FINK FUN WY.S.W.C	ERAL LEN	HOI BURI	ME 21061 NIE,MD.
	23. PART I. Enter the diseases of a shock, pr heert fellows. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that coused the List only one couse on each				the cordiec or rec			Approximate Interval Between Offset and Death
NO	Sequentielly list conditions,	DUE TO (OR AS A COM		PF):		,			
CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury	cDUE TO (OR AS A CON							
CERTIF	that initiated events resulting in death) LAST	d							
CAL	PART II. Other significant condition	is contributing to deeth but n	ot resulting	In the underlyin	g ceuse given in		N AUTOPSY ORMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (C/	neck only one)			N/A
IYSIC	EXAMPLER? 1 SYES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 MER/Outpatien				6 Other (Specify)	V IN HIEW OC	NA IDED	
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	2/Z4/9/	18	JURY W		3ho	P .	Je	15.
	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY — A building, etc. (Specify)	Han	street, factory, offic	20 /	281, LOCATION (Street) City or Town, Sta	ond Number	1/b	IAN DY
COMPLETED	one)	ICIAN: To the best of my knowledge ER: On the basic of examination and							s) end menner ee stated.

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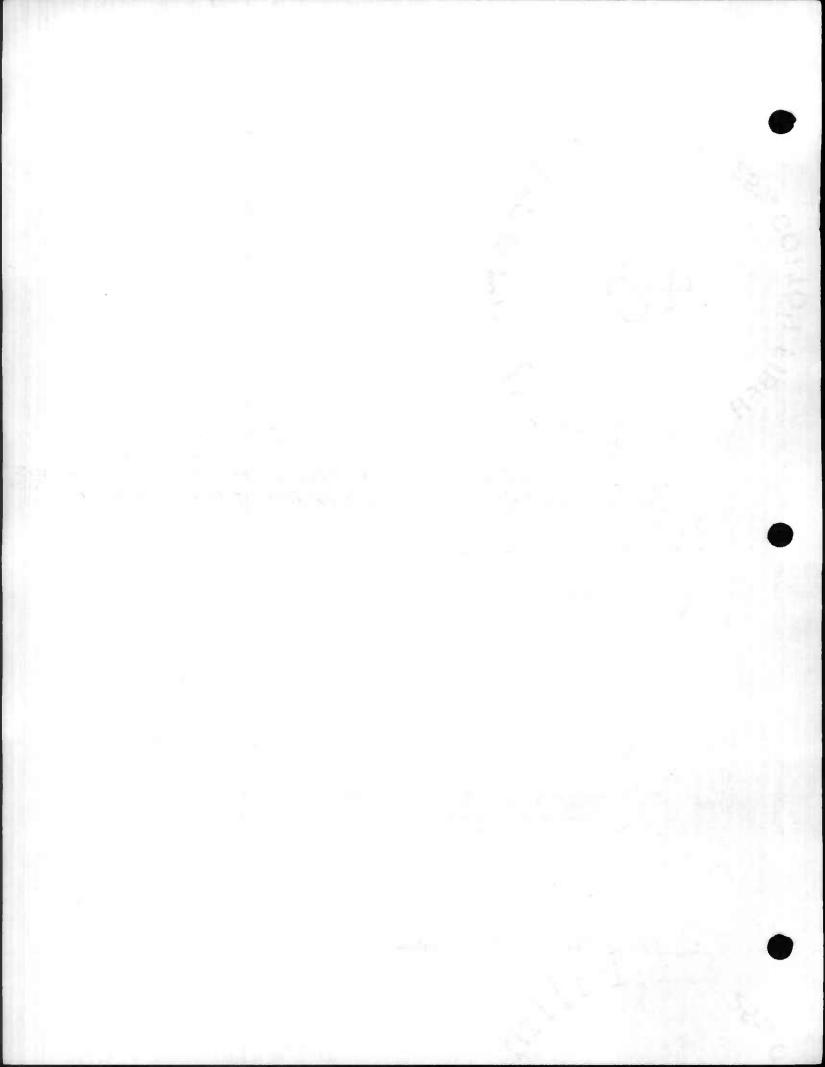
TO BE

S1. DATE FILED (MONTH, Day, Year)
FEB 28 1991

32. REGISTRAR'S SIGNATURE

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5	within ,
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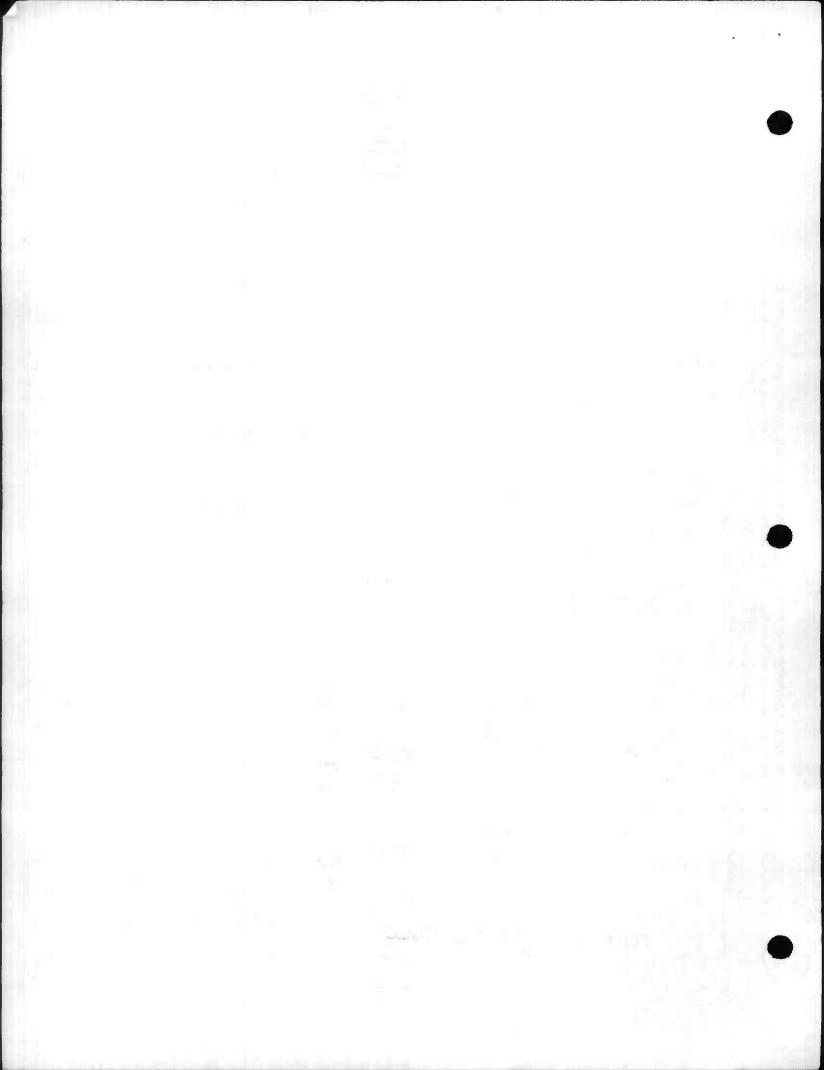
hospital or attending physician. ached for use as the burial-transit permit. Pages 1, 2, 3 should ee.	BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY N 2 1 9 - 3 2 - 3 99. FACILITY NAME (N n TRESIDENCE OF 6 109. STATE 1/1d 109. STREET AND NUM 11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 1 15. (Specific Elemantary/Seconde 1 17. FATHER'S NAME (Fin								
e be executed within Linous after death. Page 6 may be retained by sician and completely filled in by the funeral director, page 5 should be not to burial, cremation, or removal. traumatic event, the medical examiner must be notified at	TO BE	Glady 20a. METHOD OF DISP Y Burlel 2 Crer 4 Donation 5 C 21. SIGNATURE OF FUN								
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2, wours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the hock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confirm, laading to incause. Entar UNDE CAUSE (Disease or that Initiated eventure resulting in deeth) PART II. Other algorithms of the lagorithms FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	CATE C	HEALTH AND	MENTA	L HYGIENE		
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t. OECEOENT'S NAME (First, Middle, Last)		02				OF DEATH		3. TIME OF DEATH		
Laus Ru	ckner				MONT	H DAY		1 4:50 AMM		
4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS		OF BIRTH	8.8	BIRTHPLACE (State or Foreign		
219-32-3147	1 M 2 D F	5.4 YRS.	MONTHS DAY	YS HOURS MIN		6-12-	36	Balto. Md		
9e. FACILITY NAME (If not institution, give st			96. CITY, TO	VN OR LOCATION OF		0 12	9c. COUNTY	OF DEATH		
John Ri	tchey House	ا م	828 E	Cutaw St			Rolto	. Citv		
RESIDENCE OF DECEDENT										
106. STATE 106. COUNTY			, TOWN OR LO					10d. INSIDE CITY LIMITS?		
	alto. City	141	6 Dar	ley Ave				1 X YES 2 NO		
Ge. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
6 111 1				21218			U	tial .		
II. MARITAL STATUS I Never Married 2 Married B Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	if yes	DECENDENT OF HIS i, specify Cuban, Mei YES 2 NO Sp	cicen, Puerto			RACE — American Indian, Black, White, etc. Specify: Black		
15. DECEDENT'S EDUC	ATION	16a, DECEDENT'S	USUAL OCCU	PATION	16	b. KIND OF BUS	INESS/INOUST	'RY		
(Specify only highest grade	completed)	(Give kind of w life. Do NOT us	vork done durin	most of working	"					
Elemantary/Secondary (0-12)	College (1-4 or 5+)	Denta	1 Too	h	σ	ental	Lah			
. FATHER'S NAME (First, Middle, Last)		Denta	T Tec	*		Middle, Malden S				
	Buckner					Beal	, , , , , , , , , , , , , , , , , , , ,			
WIIII	buckner	19h. MAII INO	AOORESS (S)	eet and Number or Ru			State Zin Co	(e)		
Gladys Buck	105									
		PLACE DE DISPOS	U Dar	1ey Ave	Ea.			O Town, State		
De. METHOD OF DISPOSITION Burlal 2 Cremation 3 Rame Donation 5 Other (Specify)	oval from Stata	other place)	n non mame c	Cematery, Cremetory	U	200.00	anon - city	MD		
I. SIGNATURE OF FUNERAL SERVICE LIC		a'to. C	emete	E AND ADDRESS OF	FACILITY	DATE	100	X:2-6		
MOt Tol	not.		M	TELLI	NGTO	DN FO	1. III	MD. EAL Directe PASH DC 3		
Sequentially list conditions,	METASTATION	CONSEQUENCE OF	n: one Cer	e Gare. il	omle c	T PALA	TE.	Onset and Daath		
f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury heat initiated events eaulting in deeth) LAST	(00) 2	CONSEQUENCE OF	رده	Aberble						
PART II. Other algnificant condition	a contributing to death b	ut not resulting	In the under	iying cause given	In Part I.	24a. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
S. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH	(Check only					
EXAMINER?	HOSPITAL: 1 Inpetiant 2 ER/Outs	entlant 3 DOA	OTHER:	Home 5 ☐ Resider	100 8 XO11	ner (Specify)	HOSPIC	t ^e		
7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28	WORK?	28d. Di	EŞCRIBE HOW II	NJURY OCCUR	RED		
2 Accident 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec		street, factory,	office		CATION (Street a y or Town, State)		Rural Route Number,		
one)	CIAN: To the best of my know							cause(a) and manner as stated.		
96. SIGNATURE AND TITLE OF CERTIFIE	- Q S	THE PH			2399		▶ Z ₁	IGNED (Mgrith, Day, Year)		
O. NAME AND ADDRESS OF PERSON WITH LACE DESCRIPTION OF THE PERSON WITH A			CICHGY	House	820	N. ELT	my Si	21201		
11. DATE PYLED (Month-Day, Year)	32. REGISTRAR'S SIGN									
FFR 28 1991										



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he first within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE	OF MARYLAND /	DEPARTA	MENT OF H	EALTH AND N	MENTAL HYGIEN	e Gi	05100		
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ATE OF		REG. NO. 2. DATE OF DEATH MONTH DO	-			
	THERESA	L.	BERNA	ARDI		02 2				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 2	80	"	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-4-1		BIRTHPLACE (State or Foreign Country) Italy		
	9a. FACILITY NAME (If not institution, give street and numb	er)	96	b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
0	UNION MEMORIAL HO	SPITAL		BAL	TIMORE	CITY				
DIRECTOR	10a. STATE 10b. COUNTY Md.			Balto.	ON		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
AL	10e. STREET AND NUMBER		1		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
H	1630 Kingsway Rd.				21218			USA		
BY FUNERAL	11. MARITAL STATUS 12. WAS DE FORCES	CEDENT EVER IN U.S. AF ? 1 YES 2 X GIVE WAR OR DATES		ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14.				RACE — American Indian, Black, Whita, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-	COTION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16a. DECEDENT'S USUAL OCCUPATION (Sive kind of work done during most of working life. Do NOT use retired.)								
M	17, FATHER'S NAME (First, Middle, Last)	I Re	ecepti	onist	40 MOTHERSO ****	Lorsta	an Stud	lios		
	Enrico Bernard					na A. Sari				
BE	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING AE	DRESS (Street a		Toute Number, City or Tow		de)		
2	Henry V. Bernard									
	20a, METHOD OF DISPOSITION 20b. PLACE AND D			2 Dundawan Rd. Baltimore, Md. 21236 DATE OF DISPOSITION (Name OATE 20c. LOCATION — City or Town, State						
	4 Donation 5 Other (Specify)	of cemetary Oak	Lawn	n Cemetery 3-1-91 Balto., Md.						
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Qæ		John C	. Miller elair Rd		Md. 21	1206		
CATION	Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING	TED CARD ON AS A CONSE	OWOP OUENCE OF): BLILLY	4744	de of dying, suci	h as cardiac or resp	iratory arrest	, Approximata intervel Between Onset and Death		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in daeth) LAST C. DUE TO (OR AS A CONSEQUENCE OF):									
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contribut MORBLID OBESITY	resulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
ž	SWERE DEPRESSION							1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			28 DI	ACE OF DEATH (Ch	eck anly one)				
SIC	EXAMINER? HOSPITA	AL:		THER:		8 Other (Specify)				
PHY	27. MANNER OF DEATH 28a. O (N	ATE OF INJURY fonth, Day, Year)	26b. TIME (OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCUR	DED		
- 1	2 Accident Investigation 3 Suicide 8 Could not be determined	LACE OF INJURY — At hullding, atc. (Specify)	oma, farm, atre					and Number or Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2					A CONTRACTOR OF THE STATE OF TH		ause(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		IGNED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETE MARK HENDRIX, MD	ndien righ	idelar	HOSP, 2	OF UNIV	PRWY BAU	T, MO RE	HD 21218.		
	31. DATE FILED (Month, Day, Mar) FEB 28 1991 32. SEGISTRAD'S SIGNATURE Rands SIGNATURE Rands SIGNATURE Rands SIGNATURE Rands SIGNATURE RANDS									





after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 moval.	TO BE COMPLETED BY FUNERAL DIRECTO	# 7 EMPIRE & RESIDENCE OF DECEDEN 10e. STATE 10b. C Maryland 10e. STREET AND NUMBER 7 Empire Place 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT: (Specify only highes Elamentary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, La 19e. INFORMANT'S NAME (Type/Print Carroll baldwint 1 Burlet 2 Cremation 3 20 Other (Specify Carroll baldwint 1 Surgestion 1 State 1 Cremation 3 20 Other (Specify Carroll baldwint 1 Surgestion 1 State 1 Cremation 3 20 Other (Specify Carroll baldwint 2 Cremation 3 Company Carroll baldwint 2 Cremation 3 Company Carroll baldwint 2 Cremation 3 Company Carroll baldwint 2 Cremation 3 Company Carroll baldwint 2 Cremation 3 Company Carroll baldwint 2 Cremation 3 Company Carroll baldwint 2 Cremation 3 Company Carroll baldwint 2 Cremation 3 Company Carroll
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-tran be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the disease: shock, Dr heart fa iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent con 25. WAS CASE REFERRED TO MEDIE EXAMINER? 1 VES 2 NO 27. MARNER OF DEATH 1 Natural 5 Pendin investig 2 Accident 3 Suicide s Could referred to determine the condition of the cond

FOR STATE REGISTRAR		ARYLAND / DE CER	PARTMENT TIFICATE			MENTAL	HYGIEN		0	
1. DECEDENT'S NAME (First, Middle, Last) MARY	INEZ		BALI			2. DATE O	OF DEATH	3	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest birt			F UNDER 24 HRS.	7. DATE C	F BIRTH		S. BIRTHPL	ACE (State or Foreign
238-52-5101	1 M 2 F	53	RS. MONTHS	DAYS N	OURS MIN.	10-1	Day, Year)		Country)	. 0-1-0:
9a. FACILITY NAME (If not institution, give	street end number)		9b. CITY, 1	TOWN OR L	LOCATION OF DE		1-37	9c. COUR	TY OF DEAT	n Carolino
#7 EMPIRE CONK	* Dean		ODr	TO STORE	T m			111111111111		
RESIDENCE OF DECEDENT	a reace		I GRI	EENBE	LT			PRI	NCE G	EORGES
Maryland Pr	v Lince Geor		Green			·				d. INSIDE CITY LIMITS? , YES 2 NO
IOo. STREET AND NUMBER	2000	900	OTERN		P CODE			10g. CITI	ZEN OF WHA	
Empire Place				2	0770				U.S.A.	
1. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED			DENT OF HISPAN			or No-	14. RACE -	American Indian, hile, etc.
Never Merried 2 1 Married Widowed 4 Divorced	IF YES, GIVE WA	YES 2 NO			Y Cuban, Mexica		ican, etc.)		Specify:	Thite
15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECED	ENT'S USUAL OCC ind of work done du NOT use retired.)	CUPATION iring most o	of working	16b.	KIND OF BU	SINESS/IND	USTRY	
Elamentary/Secondary (0-12)	College (1-4 or 5+)		24 323 324							
12		Home	maker			(on Ho	me		
7. FATHER'S NAME (First, Middle, Last)				10	8. MOTHER'S NA	ME (First, M	liddle, Maiden	Sumame)		
Alber	t Sparger	Allred				Lavis	Jack	son		
9a. INFORMANT'S NAME (Type/Print)		19b, M	AILING ADDRESS	Street and					Code)	
arroll baldwin		7 F	mpire P	Paca	GHOO	wholt	+ Ma	411001	ad 00	1770
0a. METHOD OF DISPOSITION			DATE OF DISPO			DATE			City or Town,	
□ Buriel 2 □ Cremation 3 ☑ Rei	moval from Stale	of cemetary, crei	Matory or other pla	ce)		1			zu A	
23. PART I. Enter the diseases, by	f. Kin		R01	BERT 09 Ha	C. ALT	ENBUR Rd.	Balt	imana	MD.	21214
shock, or heart failure	e. SEIZU	RE DISORE	DER	na moue	or dying, add	in ee ceru	iac or resp	iratory ari	oot,	Approximate interval Between Onset and Deat
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	oLD B	RAIN LESI OR AS A CONSEQUE	ON							
thet initieted events resulting in death) LAST	DUE TO (4	OR AS A CONSEQUE	NCE OF):	DF):						
PART II. Other eignificent condition	one contributing to c	deeth but not resu	iting in the und	erlying c	ause given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	AM CC OF	THE AUTOPSY FINDINGS ALLABLE PRIOR TO DIMPLETION DF CAUSE T DEATH? TYPES 2 NO
								100		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 NO	HOSPITAL:	ER/Oulpatient 3 🗆	OTHER:		5 P. Residence					
77. MARNER OF DEATH	28e. DATE OF I	NJURY 28	b. TIME OF	28c. INJUR	Y ĀT		CRIBE HOW	INJURY OC	CURED CI II	BJFCT SUSTA
1 Natural 5 Pending	(Month, De		INJURY	WORK 1 YES	?		י עכוו וורדערו			
2 Accident Investigation	28e. PLACE OF	INJURY — At home,	form street feats		- 74	281 100	ATION (Sm-1			BASKEIBALI
3 Suicide S Could not be determined	building, e	etc. (Specify)	······· , ecreat, 1ecto	., ornee		City	or fown, State)	or Rural Rout	e ivalituol,
onel _ /	SICIAN: To the best of r	my knowledge, death				a to the cau	se(e) and ma	nner as sta		4
			genon, at my op				arra prace, e			
Would fre	Krele			2	9c. LICENSE NU OCME			A COUNTY OF THE PARTY OF THE PA	2/24/	onth, Day, Year) 1991
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITEM 27	(Type, Print)						, = .,	

DHMH-16 Rev 1/89

BALTIMORE

111 PENN STREET



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BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOA 13146,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7ours after death. Page
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	PITAL

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Callahan William YEAR / JR 2 623 IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER DAYS 227-40-5889 1 M 2 F VA. 2 - 17 - 32permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY OF MD. HOSPITAL BALTIMORE, RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY BALTIMORE, CITY YX YES 2 NO 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE N. LINWOOD AVE 508 21205 USA burial-transit may be retained by the hospital or attending physician. or, page 5 should be detached for use as the burial-tran-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 THOU IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yea, specify Cuban, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced Specify. BY BLACK 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retred.) 16b. KINO OF BUSINESS/INOUSTRY E Elementary/Secondary (0-12) COMPL LABORER MD. MIRROR & GLASS 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname notified at GRACE WILLIAM CALLAHAN VIOLA page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 1812 SHERWOOD AVE./BALTIMORE, MD. 21239 VIRGINIA CALLAHAN 9 20a METHOD OF DISPOSITION

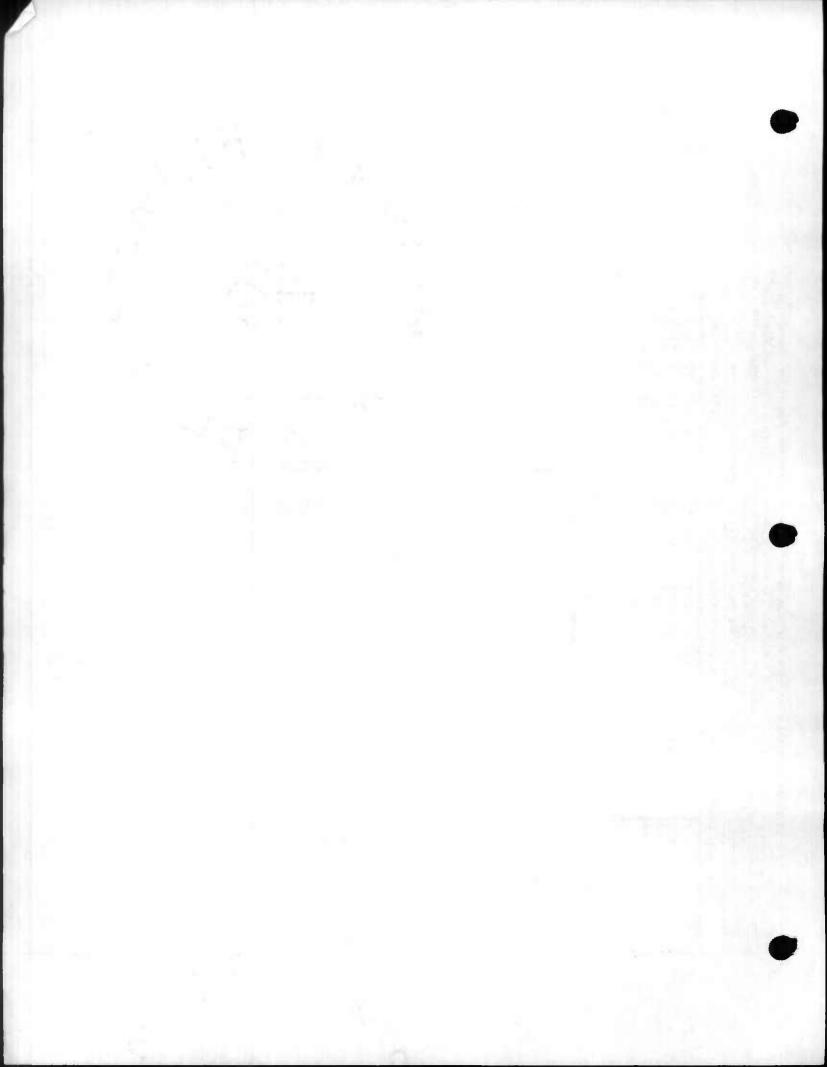
1 Surial 2 Cremation 3 Removal from Stata 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State must director, BALTIMORE CEMETERY BALTIMORE, MD. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral WM.C. MARCH F.H. 1101 E. NORTH AVE. removal. medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximete shock, or heart fellure. List only one Interval Batween 0 Onset and Death IMMEDIATE CAUSE (Finsi and completely filled to burial, cremation, r the Massive Intracranial Bleed disease or condition resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Polycythemia Vara CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): prior to the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL Health and I AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? shows : 1 | YES 2 | NO been t. of PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 ▼ YES 2 □ NO 26. PLACE OF OEATH (Check only one) State D HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) the the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED oath with the marked, 5 Pending Investigation 1 Natural 1 YES 2 NO BY After t 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ED 6 Could not be DIRECTOR: A hours after of them 28 is 4 Homicide COMPLET 29a. CERTIFIER (Check only one) TO THE HOSPITAL (TO THE FUNERAL DE FILED WITHIN 72 HIMIN 1974 IN INPORTANT: If It 🏿 📗 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as ateted. 29d. DATE SIGNEO (Month, Day, Year) BE as 0068652 nuse 3/20 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Batterne JONES MIEMSS 52. REGISTRAR'S SIGNATURE
1991 July Davidson-Randsle

28

1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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DIVISION OF VILAL RECORDS, P.O. BOA 66/60	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af
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5	OR

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	200	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE HOSPITAL OR ATTENDING PHY	THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked
P	P	be fi	F

05103 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.	E J	03103
	1. DECEDENT'S NAME (First, Middle, Last)	2	D	AVIS	2. DATE OF DEATH MONTH DA	-0	3. TIME OF DEATH 4:60PM
OR	224-34-5195 So. FACILITY NAME (If not institution, give stre Libling Me.	18 M 2 □ F	63 YRS. MONTHS	THE TYPE IF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Dey, Year) 12 2 2		Va
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY H.d 10b. COUNTY 10o. STREET AND NUMBER	n st	10c. CITY, TOWN		217	10g. CITIZEN OF	10d, INSIDE CITY LIMITS? 1 YES 2 \(\text{NO}\) WHAT COUNTRY?
BY	1 Never Married 2 Herried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO NTES	I. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Ricen, atc.) ly:	Spi	CE - American Indien, ick, White, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		18e. DECEDENT'S USUAL, (Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF BUS	SINESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S N.	AME (First, Middle, Maiden	Surname)	
TO BE	190. MFORMANT'S NAME (Type Print)	ui Jr	35 E	SS (Street and Number or Rural	Route Number, City or Tow Willing L	n, State, Zip Code)	T 0846
	20e_METHOO OF OISPOSITION 1		PLACE AND DATE OF DIS cemetary, crematery or diffe	place) [1	A	ecation - city or	Town, State
	21. SIGNATURE DE FUNCAAL SERVICE LICE	March		Yarch F.	H. West 4300 Wa	bash	Ave
	23. PART I. Enfer the diseases, or co shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ist only one cause on a	EPTIC ST	eock			Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	AIZTIZ	TED DE CONSEQUENCE OF):	CUBITUS RUPIC MC	ULCER	is EAS	E
PHYSICIAN: MEDICAL C		contributing to death b - VASCHL ICIE Ph'S	AIR An's	underlying cause given in	Part I. 24a. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	theck only one)		
BY PHYSI	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation	1.2 Inpatient 2 - ER/Outp 28e. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide datermined	26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Pural Route Number, City or Town, State)					
COMPLETED	conditional conditions			e time, date end place, end du y opinion, deeth occured at th			e(e) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Porto 10		29c. LICENSE NI	JMBER 3300		ED (Month, Day, Year)
5	SO. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)				
	31. DATE FILED (Month, Day, Year) FEB 28	32. REGISTRAP'S SIGN	Savidson-Randel	e.			

	1. DECEDENT'S NAME (First, Middle, Last)		DEVIT	DTCC					2. DATE OF I	DAY		EAR	. TIME OF DEATH
- 3	VIRGINIA 4. SOCIAL SECURITY NUMBER	5. SEX	DEVIL 6. AGE (In yrs. les		IE IMPE	R 1 YEAR	IF UNDER	1 04 MD0	02-2		91	-	03:00. ACE (State or Fore
	213-38-5836	1 DM 2 TXF	86		MONTHS	DAYS	HOURS	MIN.	(Month, Da	y. Year) 1-04	1.	Country)	
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF						ON OF DE		1-04	9c. COUNTY	OF DEA	MARYLA		
TOR I											MORE		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TY		10c. CI	ry, town	OR LOCA	TION					-10	od. INSIDE CITY
		TIMORE			BA	LTIN	ORE					1	LIMITS?
RAL	10e. STREET AND NUMBER					10	1. ZIP COD		_	- 1			AT COUNTRY?
FUNE	203 GAYWOOD RD. 21212 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE.								_	- American India			
3 \(\overline{\text{Widowed}} \) 4 \(\overline{\text{Divorced}} \) 1 \(\overline{\text{YES, GIVE WAR OR DATES}} \) 1 \(\overline{\text{YES 2}} \) NO Specify: Specify:									WHITE				
	15. DECEDENT'S ED (Specify only highest grad		/G	ive kind of	Work done	durina m	ON ost of world	ng	16b. KIN	ID OF BUSI	NESS/INDUS	TRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+4 Years	·) We.		ise retired.)				1				
COMPL	17. FATHER'S NAME (First, Middle, Last)	4 years		поше	emake	5 L.	18. MOT	HER'S NA	ME (First, Midd	HOME Maiden S	(umama)		
Ö	George R. Curt	is							ucv Ed				
8	19a. INFORMANT'S NAME (Type/Print)			b. MAILIN	G ADDRES	S (Street	and Numbe		Route Number, (ode)	
유	William O. Devi	lbiss, Jr		10	Tree	Fari	n Ct.	G1	en Arn	n. Md	210	57	
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Re- 4 Donetton 5 Other (Specify)	moval from State	20b. PLACE of cometary,	cremator	y or other	place)	(Name eterv	,	3/1/91		stmin:	4.7	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSER				. NAME A	ND ADDRE	SS OF FA	CILITY				
	James F. B	urnside	.lr			M	itche	11-W	liedefe Rd. F	ld H	ome,	Ing.	21212
	23. PART I. Enter the diseases, Di	complications the	t caused the de		not anta								Approxima
	shock, or heart fallure IMMEDIATE CAUSE (Final	. List only one cau	ise on each line	l.									Onset and
	disease or condition reaulting in death)												
		DUE TO	(OR AS A CONSE										
NO O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST GLOBAL ISCHEMIA DUE TO (OR AS A CONSEQUENCE OF): S/P MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): d.										-		
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ERTIFICATION												12	1
O	PART II. Other algnificant condition	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Par								art I. 24a, WAS AN AUTOPSY 24b, WE			/ERE AUTOPSY F
DICAL										PERFORI		0	MAILABLE PRIOR
MED										_ 1E3 x			F DEATH?
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF I	DEATH (Ch	eck only one)				
YSI	1 TES 2 NO	1 Inpatient 2	ER/Outpetient 3	□ DOA	4 Nu		me 5 🗆 R	esidence	6 🗆 Other (S	pecify)			
F	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D		26b. TI	ME OF IJURY	W	JURY AT ORK?	7	28d. DESCR	IBE HOW IN	JURY OCCU	RED	
ВУ	2 Accident Investigation	28e PLACE C	OF INJURY At he	me ferm	street to		YES 2	NO	26f. LOCATIO	N /Street a	nd Number o	Quest Do	de Alumber
ETED	3 Suicide 6 Could not b 4 Homicide detarmined	building,	atc. (Specify)	, , ,		otory, om				own, State)	nd Number of	Norm No.	ne mumber,
		SICIAN: To the best of	f my knowledge, de	ath occur	rred at the	time, de	a and plac	e, and due	10 the cause(e) and man	ner as stated		
COMPL	one) 2 MEDICAL EXAMI		xamination and/or	Investigat	lon, in my	opinion,	death occu	ared at the	time, deta and	d placa, and			
BE	296. SIGNATURE AND TITLE OF CERTIF	_						ENSE NUI			29d. DATE	SIGNED (Month, Day, Year)
0	47	OHO COMPLETED CALL					1	-17			2	127	191_

6701 N. CHARLES ST TOWSON MD.21204

31. DATE FILED (Month, Day, Year)

FEB 28

A. CHAKRAVARTHY M.D.

1991

G.B.M.C.

32. REGISTRAR'S SIGNATURE DE

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be first or the within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	led, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by he field within 72 hours after death with the State Debt. of Health and	IMPORTANT; If item 28 is marked, or item 23 shows any

1 - STATE		STATE OF MAR			T OF HEALTH AND	D MENTAL		E 9) [0510
REGISTRAR			CERTI	FICATI	E OF DEATH		REG. NO.			
1. DECEDENT'S NAME (F		ELAINE			DANTC	2. DATE O MONTH	DA		YEAR	IME OF DEATH
VIVIAN 4. SOCIAL SECURITY NU			GE (In yrs. last birthda	-A FINDS	DAVIS R 1 YEAR IF UNDER 24 HR	RS. 7. DATE O	24 F BIRTH	1991		E (State or Foreign
N/A		1 🗆 M 2 📈 F	42 YAS	MONTHS	DAYS HOURS MIN	N. (Month,	Day, Year) 6 - 09 -	-48	Country)	MD
9a. FACILITY NAME (# no					Y, TOWN OR LOCATION OF	F DEATH		9c. COUNT	Y OF DEATH	
JOHNS HOT		SPITAL		BAI	LTIMORE					
10a. STATE	10b. COUNTY		10c. 0		OR LOCATION	CITY				INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMB	ER				101. ZIP CODE			10g. CITIZE	EN OF WHAT	
1666 DA	ARLEY	AVE.			2121	3		l u	SA	
11. MARITAL STATUS 1 Never Merried 2	☐ Married	12. WAS DECEDENT EVE FORCES? 1 Y	rES 2 NO	13.	. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 NO Sp	SPANIC ORIGIN? exican, Puerto Ri				imerican Indian, ita, etc.
3 Widowed 4 C	livorced	II I had at the court of	TI DATES		X	жину.			оресну.	BLACK
	DECEDENT'S EDUC only highest grade (y (0-12)		16a. DECEDENT (Give kind life. Do NOT	of work done T use retired.)	during most of working	16b. I	KIND OF BUS	SINESS/INDUS	STRY	
17. FATHER'S NAME (First	Minima (ast)		OHEI			S NAME (First, Mi	istella Afmirian	Cumanal		
MOSES D										
190. INFORMANT'S NAM			10h MARI	ING ADORES	AKB S\$ (Street and Number or Ro	BELIA			Pada)	
ARBELIA		SEY			RLEY AVE.		IMORE	E, MD	. 21	
20a, METHOD OF DISPO 1 🔀 Burlel 2 🗆 Crem 4 🗆 Donation 6 🗆 Ot	ation 3 🗆 Remo	oval from State	OKCETING COM		POSITION (Name IIAL PARK	DATE		NDALL		N, MD.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
MM.C. MARCH F.H. 1101 E. NORTH										TH AVE
23. PART I. Enter the	diseases, or c	omplications that cau	used the death. D	o not enta	r tha moda of dying,	auch aa cardi	ac or reap	iratory arres	st,	Approximata Interval Betwe
IMMEDIATE CAUSE	iMMEDIATE CAUSE (Finel disease or condition									Onset and Dec
,	-		AS A CONSEQUENCE							
if any, leading to im cause. Enter UNDER	Sequentielly ilat conditions, if any, leading to immediate cause. Enter UNDERLYING									
CAUSE (Disease or injury that Initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):										
	ON 15 C. T.							AWA	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE	
							1 TES	ZUNO	100	DEATH? YES 2 NO
25. WAS CASE REFERRE EXAMINER?	D TO MEDICAL	HOSPITAL:		ОТНЕ	26. PLACE OF DEATH	H (Check only one	»)			
1 TYES 2 NO		1 inpetient 2 ER/	Outpatient 3 DO		ER: ursing Home 5 🗌 Resider	nce 6 🗆 Other	(Specify)			
27. MANNER OF DEATH 1 Netural 5 2 Accident	27. MANNER OF DEATH 1 Netural 5 Pending		JRY 28b.	TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	15.50	CRIBE HOW	INJURY OCCU	JRED	
3 Suicide 8	Could not be determined	28e. PLACE OF IN. building, etc.	JURY — At home, far (Specify)	m, street, fa	ctory, office		ATION (Street or Town, State	and Number o	r Rural Route	Number,
4 Homicide										
29a. CERTIFIER (Check only	CONTRACTOR OF THE				time, date and place, and					I menner as stated
29a. CERTIFIER (Check only	MEDICAL EXAMINE	R: On the basis of examin			o time, date and place, and opinion, death occured at 29c. LICENSE	at the time, data		29d. DATE	SIGNED (Mor	d menner aa stated nth, Day, Year)

ASP

21201

MO



FEB 28 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HARYONTA A-LLORSU HIP (III YEMN)

12. REDISTRAR'S SIGNATURE 02

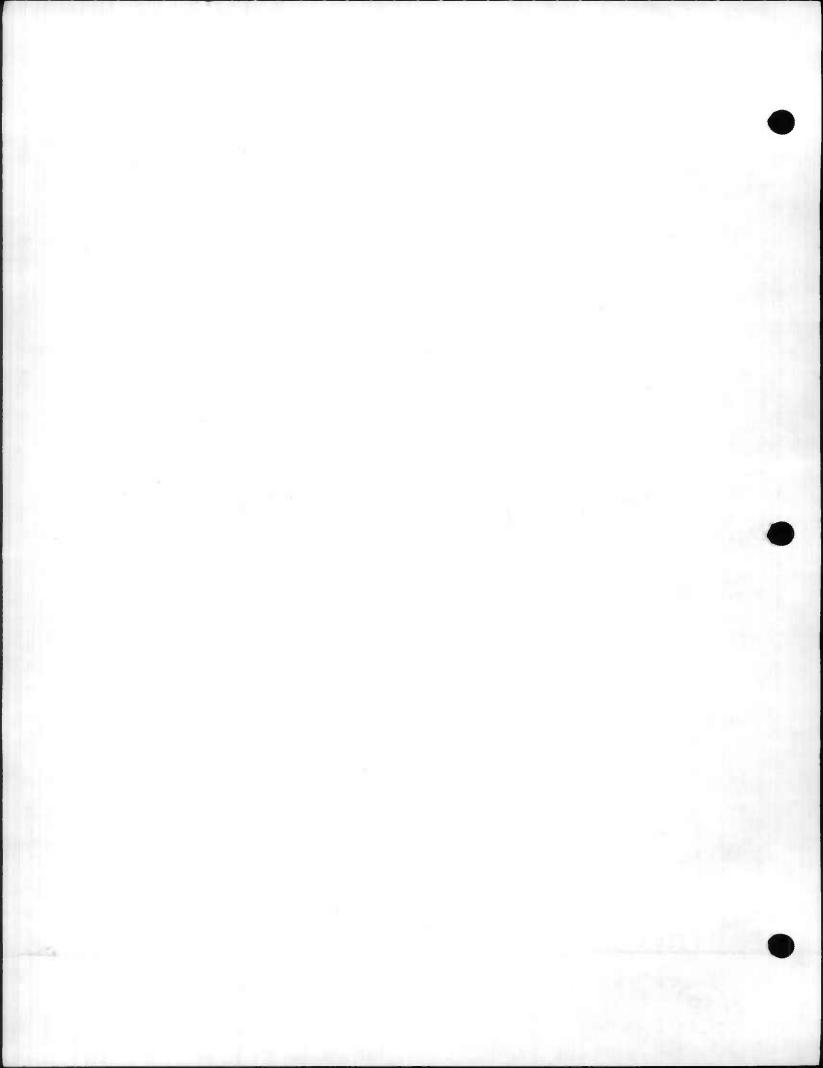
MOTTON NOT

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, or health and herital hygiene prior to be filed within 72 hours after death with the State Dept, or health and herital hygiene prior to be filed within 72 hours after death with the State Dept, or health and herital hygiene prior to be filed within 12 hours after death with the State Dept.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR	TO THE FUNERAL DIR	be filed within 72 hou	IMPORTANT: If iter

1 - STATE REGISTRAR		SIMIL UI			CATE OF	DEATH	MENIAL RIGIEN					
	ME (First, Middle, Last)						2. DATE OF DEATH	AY YEA	3. TIME OF OEATH			
Darle	ene DICKE	RSON					February	24 199				
4. SOCIAL SECURIT		5. SEX	6. AGE (In yrs. Is		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign untry)			
212 62		1 🗆 M 2 📉 F	3	7 YRS.			03/08/53		ryland			
1 20 10	(If not institution, give s			1		OR LOCATION OF D		9c. COUNTY O				
RESIDENCE C	n Square N	AND 12 A 2 A 3 I I	Center			lle 2123	7	Baltim	ore County			
10a. STATE	10b. COUNT			10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
Maryland		more Cou	nty	Es	ssex				1 YES 2 NO			
					10	. ZIP CODE			OF WHAT COUNTRY?			
960 Mart:		T 12 WAS DECEDE	NT EVER IN U.S. A	DMED	12 WAS DE	212	21 NIC ORIGIN? (Specify Yes	U.S.	ACE — American Indian,			
1 Never Married		FORCES?	1 YES 2 X		If yes, sp	ecity_Cuben, Mexico	nn, Puerlo Rican, etc.)		llack, White, atc.			
3 Widowed 4	Divorced	IF TES, GIVE	THAN ON DATES		1 U TES	2 NO Speci	у.	,	White			
(8)	15. OECEDENT'S EDU				SUAL OCCUPATI		18b. KIND OF BU	SINESS/INDUSTR				
Elementary/Sec		College (1-4 or 5		b. Do NOT use	retired.)	ist or working						
15			Ass	istan	t Vice	Presiden	t 🕽 Bankin	g				
17. FATHER'S NAME						16. MOTHER'S NA	AME (First, Middle, Meiden	Surneme)				
	s Hale Fol	Ley				Phy1	lis L. Bom	hardt				
190. INFORMANT'S							Route Number, City or Tow					
	. Dickers		Ġ	060 Mai	rtin Ro	ad Balti	more, Mary	land 21	221			
20e. METHOD OF D 1 Burlay 2 AX 6 4 Donation 5	20c. METHOD OF DISPOSITION 1 Burlet 2 A Cremetton 3 Removal from State 4 Donellon 5 Other (Specify) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State Baltimore City, Maryla											
21. SIGNATURE OF FUNERAL SERVICALIZENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home P.A. 1407 Old Eastern Ave Baltimore, Md 21221												
immediate cat disease r cond resulting in dea Sequentially list if any, leading to	t conditions, o immedieta	OUE TO	tatic B) O (OR AS A CONS	EQUENCE OF)	:				Onset and Deat			
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other	algnificant condition	ns contributing t	o death but not	resulting in	the underlyln	g cause given ir	Part J. 24a, WAS AF PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
25 WAS CASE REE	FRRED TO MEDICAL				26.0	LACE OF DEATH (C	back only one)					
EXAMINER?		HOSPITAL:	☐ ER/Outpetient		OTHER:							
27. MANNER OF DE		28e. DATE (28b. TIME		ne 5 □ Residence JURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE				
1 Netural	1 Netural 5 Pending		Day, Year)	INJU	IRY W	YES 2 NO						
2 Accident	8 Could not be	28e. PLACE buildin	OF INJURY — At I	home, farm, st			281. LOCATION (Street City or Town, State	Street and Number or Rural Route Number, State)				
3 Suicide	4 Homicide determined											
4 Homicide		29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner on state.										
4 Homicide 29a. CERTIFIER (Check only			examination and/o	it sussettidation	21001							
4 Homicide 29a. CERTIFIER (Check only one) 2	MEDICAL EXAMIN	ER: On the basic of	examination and/o	r investigation			IMRER	294 DATE BIO				
4 Homicide 29a. CERTIFIER (Check only one) 2		ER: On the basic of	examination and/o	r investigation		29c. LICENSE NU	MBER		NED (Month, Day, Year)			
4 Homicide 29a. CERTIFIER (Check only one) 2 29b. SIGNATURE A	MEDICAL EXAMINE	ER: On the basic of					MBER					
4 Homicide 29a. CERTIFIER (Check only one) 2 20b. SIGNATURE A 30. NAME AND AD	MEDICAL EXAMINATION OF THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE PROPERTY OF PERSON WITH THE	ER: On the basic of	USE OF DEATH (FT	ЕМ 27) (Тура,	Print)	29c. LICENSE NU			NED (Month, Day, Year)			
4 Homicide 29a. CERTIFIER (Check only one) 2 29b. SIGNATURE A 30. NAME AND AD	MEDICAL EXAMINATION OF TITLE OF THE PROPERTY OF PERSON WITH THE PROPERTY OF TH	ER: On the basic of	USE OF DEATH (FT	ЕМ 27) (Тура,	Print)	29c. LICENSE NU			NED (Month, Day, Year)			







BALTIMORE, MARYLAND 21215

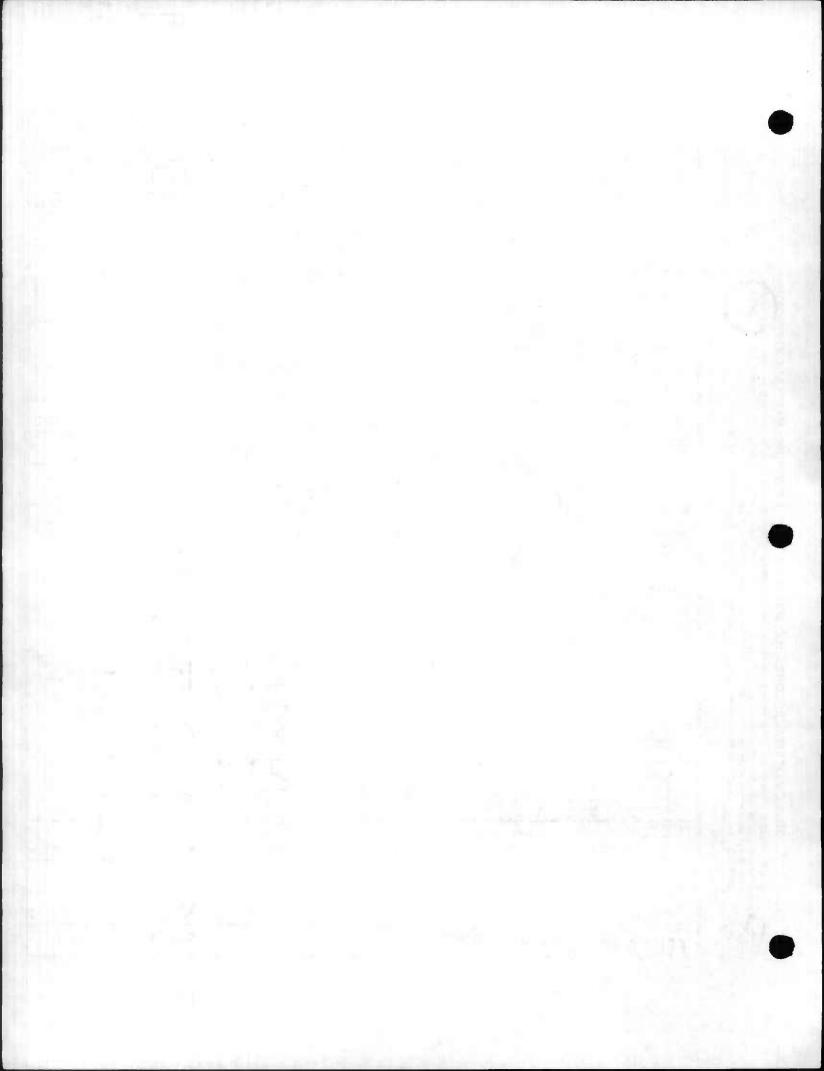
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

1059 FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.			
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEAT	TH .	3. TIME OF OEATH		
1	WAYNE	LEE		DORSCH		102TH	24 ^{AY} 19	9EAR 12:49 A		
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н	8. BIRTHPLACE (State or Foreign		
	217-46-3373	1 M 2 □ F	44 YRS.	MONTHS DAYS	HOURS MIN.	OI O2	47	Country) MARYLAND		
	9a. FACILITY NAME (If not institution, give st	reet and number)			LOCATION OF DE			ITY OF DEATH		
	NORTH ARUNDEL HO	SPITAL		GLEN E	BURNIE, N	1ARYLAND	Al	NE ARUNDEL		
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY							1		
		NNE ARUN		PASA				10d. INSIDE CITY LIMITS? 1 TYES 2 XNO		
1	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?		
	8 SPRING KNOLL	DRIVE			21122		Ţ	J.S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT E			NDENT OF HISPAN		fy Yes or No—	14. RACE — American Indian, Black, White, atc.		
	1 Never Married 2 Married 3 Widowed 4 Divorced	1966-19	OB DATES		city Cuban, Mexicar 2 NO Specify		c.)	Specify: WHITE		
1	15. DECEDENT'S EDUC			USUAL OCCUPATIO		16b, KIND 0	F BUSINESS/IND			
	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mos see retired.)	t of working					
1	12	Ö	M	ASON		LOCA	L GOVE	ERNMENT		
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, M	leiden Sumame)			
1	GEORGE LEE DO	RSCH			MAY	LEONA	JUBB			
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street ar				Code)		
2	CAROLYN V. DOR	SCH						ARYLAND 21122		
	299 METHOD OF DISPOSITION		20b. PLACE AND DAT					City or Town, State		
	26. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo 4 Donation 5 ftps/(\$pecily)	oval from State	of cometacy cremator			1 - 1-		JRNIE, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	A CEER IEI		D ADDRESS OF FAC	,	THE DO	JICHILI, FID.		
	· Nary	d. Lo	ufmens	RAYM	OND C.	FINK F		HOME 21061 BURNIE, MD.		
CERTIFICATION	IMMEDIATE CAUSE (Fine) disease or condition resulting in desth) Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST									
2										
1	PART II. Other significant condition	a contributing to de	esth but not resulting	not resulting in the underlying cause given in Part I.				24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
3						- 100	ES 2 NO	COMPLETION OF CAUSE OF DEATH?		
1						_ ^		1 TYES 2 NO		
								N/A		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITA		·	ACE OF DEATH (Ch	eck only one)				
THI SICIAN. IN	YES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER: 4 Nursing Hom	5 🗆 Rasidence	6 Other (Specif	y)			
	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	JURY 28b. Til	ME OF 28c. INJ	URY AT RK?	26d. DESCRIBE	HOW INJURY OC	CURED		
- 1	1 Natural 6 Pending	(month, buy,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ES 2 NO	7				
0	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	NJURY — At home, ferm,	, street, factory, offic		261. LOCATION	OCATION (Street and Number or Rural Route Number, ity or Town, State)			
	4 Homicide determined	building, at	L (Specify)			City or lown,				
3	29a. CERTIFIER	CIAN: To the heat of an	hamiliadas destilas ser			4. 44				
COMPLEIED	anal only	the state of the second	y knowledge, death occur					he couse(s) and manner as stated.		
3		$\overline{}$	A A	ion, in my opinion, a						
0	494 DICHATURE AND TITLE OF CENTINE	alle	1 M		OCMI		≥ 02	2 25 1991		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	DEATH (ITEM 27) (Typ	e, Print)			14			
	MARIO F. GO	OLLE ST	2 MD		PENN ST	DEET BA	TTTMORE	E MARYLAND 21201		
		30 31		111	TEMM OT	KEET DE	ILI LITOIG	J PHINTEDING = 1=0.		
	FFR 2 8 1991 July	32. REGISTRAR	EIGHATURE	111	TEMM ST	KEEI DA	III III III	TEMPERATURE STORY		

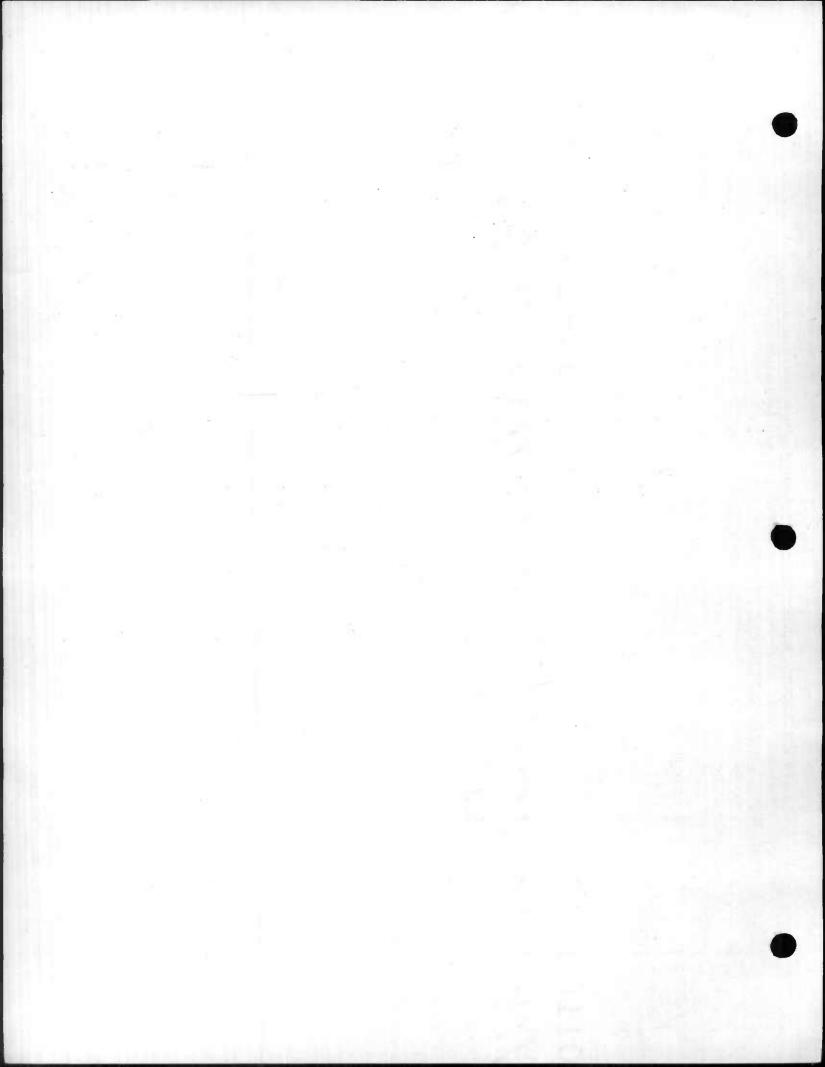


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Fours after death. Page 6 may by received by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLAN	CERTIF	RTMENT OF H		MENTAL HYGIEN REG. NO	_	00100		
	1. DECEDENT'S NAME (First, Middle, Last)	Raymond WTLSC	Íп	EVITT		2. DATE OF DEATH DO	7 91	3. TIME OF DEATH		
-	4. SOCIAL SECURITY NUMBER 2/4-05-0653 9e. FACILITY NAME (If not institution, give s	1X M 2 D F 95 4	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2/25/4	M Cour	aryland		
HOL	BRCADMEAD RESIDENCE OF DECEDENT	13801 York T	Rd	1. 1	SUVILLE		Octosy			
L DIRECTOR	10e. STATE 10b. COUNT 10e. STREET AND NUMBER	Baltimore Co	10c. Cit	Cockyst	ville			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	13801 YOUT	2. WAS DECEDENT EVER IN U	LS. ARMED		2/03(NIC ORIGIN? (Specify Ye	V.	SE — American Indian,		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DATE June 1917—J	2 NO .	If yes, sp 1 ☐ YES		in, Puerto Ricen, atc.)	Bio	ck, White, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			S USUAL OCCUPATION Work done during mouse retired.)			SINESS/INDUSTRY	IZATION		
5	12 + 17. FATHER'S NAME (First, Middle, Lest)	7	110	TKE D	18. MOTHER'S NA	ME (First, Middle, Maiden Alice		ICATION		
w I	WILLIAM ROBERT H	EVITT				Alice THOM				
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street a		Route Number, City or Tox				
-	Dr. William R Evi	itt Son	882 C	edro Way	Stanfor	rd, Calif	94305			
	20a. METHOD OF DISPOSITION 1									
	21. SIGNATURE OF FUNEFAL SERVICE LICENSEE ROYald Wade, Dir 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD 655 W. Baltimore Street, Balto, MD 21201									
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	ONE TO COR AS A CO	ONSEQUENCE ONSEQUENCE	minime	-	abral a	at.	Approximate interval Between Onest and Deeth		
PHTSICIAN: MEDICAL CE	PART II. Other significant condition	ns contributing to death but	not resulting	In the underlyin	g couse given in	Part I. 24a. WAS APPERFO	RMED?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (C)	neck only one)				
2	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpet	lent 3 DOA	OTHER:	1-11	6 Other (Specify)				
Ē	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c. IN.	URY AT	28d. DESCRIBE HOW	INJURY OCCURED	 		
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	M 1 YES 2 N			NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	290. CERTIFIER Check only	BICIAN: To the best of my knowled								
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIE		taff,	MD.	29c. LICENSE NU			ED (Month, Day, Year)		
	31. DATE FILED (Month, Day, Year)	32. MEGISTRAR'S SIGNAT	bon	Z. Film)						
	FEB 28 1991	Julia Lavidson	- Fandel	2						



AL OR ATTENDING PHYSICIAN: The law rec AL DIRECTOR: After this certificate has been 2 hours after death with the State Dept. of If Item 28 is marked, or Item 23 shi

SCORDS, P.O. BOX 13146, BALLIMORE, MARTLAND 21203-3146
quires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.
n signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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6 Injury,

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TO THE FUNERAL (De filed within 72 h HOSPITAL

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MEDICAL

PHYSICIAN:

BY

COMPLETED

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DIRECTOR

05/09 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2 DATE OF DEATH 3. TIME OF DEATH OECEDENT'S NAME (First, Middle, Last) DAY YEAR 24, 1230 PM Shirley M. Engle 91 5. SEX 7. DATE OF BIRTH 8. BIRThi _ACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last uirthday) IF UnDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 219-18-2941 1 - M 2 XF 65 YRS 3/23/25 Maryl 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY MD YES 2 NO Howard Columbia 10g. CITIZEN OF WHAT COUNTRY? 10a. STREET AND NUMBER 101. ZIP CODE FUNERAL 5764 Stevens Forest Road 21045 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 20 100 IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 Never Married XX Married 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) COMPLETED 15. OECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Collega (1-4 or 5+) Elamentary/Secondary (0-12) unkhown housewife own home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Vincent M. Sisk Mary Helen Noonan BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Frank B. Engle Stevens Forest Road/Columbia
ON (Name of cometery, crematory or 20c. LOCATION — City or Town, Steta MD 21045 20s. METHOD OF DISPOSITION
17 | Purial 2 | Cremation 3 | Ramoval from State
4 | Donation 5 | Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or New Cathedral Cemetery Baltimore, MD 22. NAME AND ADDRESS OF FACILITY
Sterling Ashton Funeral Home, H. SIGNATURE OF THERAL SERVICE LICENSEE Inc. 10 Canel 736 Edmondson Ave/Balto, MD 21228 23, PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line Interval Between Onset end Deeth IMMEDIATE CAUSE (Finel disease or condition 4DAYS DEHYDRATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): UROSEPSIS CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): YRS neTMS:MTTO BREMST PARCINOMA DUE TO (OR AS A CONSEQUENCE OF):

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST

PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.

24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO

26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER: 1 TES 2 THO patient 2 ER/Outpatient 3 DOA ng Home 5 Residence 6 Other (Specify) 4 🗆 Nurs 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 Natural 1 YES 2 NO M 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be

29a. CERTIFIER
(Check only one)

A MEDICAL EXAMINED: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D25844

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21229 10 CHRISTINEL. COMERFORD, MD. 5411 OLD EREDERICK RD 31. DATE FILED (Montfl," Day, Year)

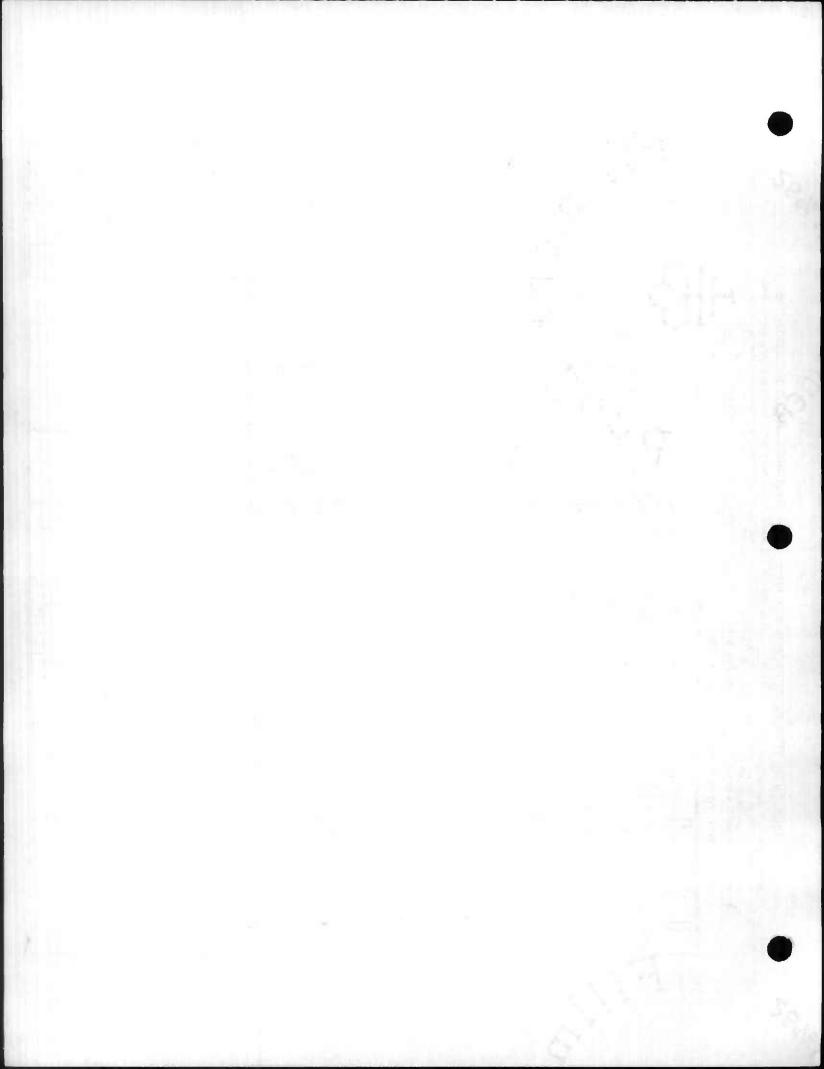
FEB 28 199

32 RECOISTRAR'S SIGNATURE Julia Davidson-Randelle

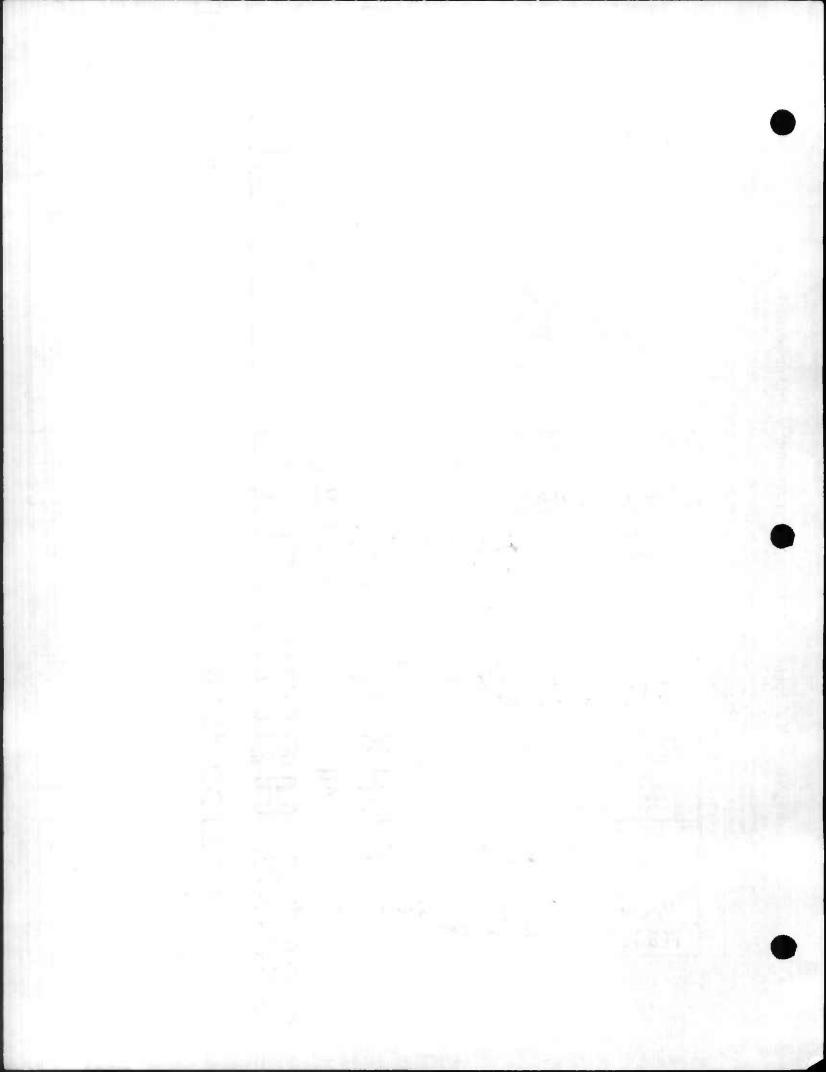
OHMH-16 Rev 1/89



4 Homicide



	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA			MENTAL HYG REG.		00110	
100	1. DECEDENT'S NAME (First, Middle, Last)	۷.	EVANS	, Jr.	,		24 9		
	4. SOCIÁL SECURITY NUMBER 209 74 9349 98. FACILITY NAME (If not institution, give at	1 🔀 M 2 🗆 F	36 YRS. MON	UNDER 1 YEAR ITHS DAYS	HOURS MIN.	7. DATE OF BIRTI (Month, Day, Yo. 12/23/	9c. COUNTY	BIRTHPLACE (State or Foreign Country) Md.	
CTOR	Liberty Medica			Balti	more _				
DIRE	Md .		10c. CITY, TO Ba	itimo:				10d. INSIDE CITY XXLIMITS? 1 X YES 2 NO	
FUNERAL DIRECTOR		tcoat St.			21217		U.	N OF WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	It yes, spe	ENDENT OF HISPAN city Cuban, Mexica 2 NO Specify	n, Puarto Rican, etc		. RACE — American Indian, Black, White, etc. Specify: CCK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Labor	done during mos lired.)			structi		
	17. FATHER'S NAME (First, Middle, Last)	Toron o		er		ME (First, Middle, M	aiden Surname)	.011	
TO BE	Thomas L. 19a. INFORMANT'S NAME (Type/Print) Mrs. Irene Eva	Evans	19b. MAILINO ADI			Route Number, City o	Smith or Town, State, Zip Co, Md.		
1 23	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF of cometary, crematory or o King Park	DISPOSITION		DATE 20	Balto.	y or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LIC		FIH				Sons,		
CERTIFICATION	23. PART/I. Enter the diseases, or a shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A: DUE TO (OR A: DUE TO (OR A:	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	y la iyer	lue a		reaptratory arres	t, Approximate Interval Between Onset and Death	
PHYSICIAN: MEDICAL	Sette Start Canadae		0 1	underlying	g couse given in	AS AN AUTOPSY ERFORMED? IES 2 NO	RMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputient 2 ER/Outpatient 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify)								
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation								
	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)								
COMPLETED	(Critick Only	ICIAN: To the best of my kr						l. cause(s) and manner as stated.	
B	29b. SIGNATURE AND TIPLE OF CERTIFIE	cel	•		29c. LICENSE NU	MBER 7	29d. DATE 9	SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WAS DALSHAW.	SALUL	DEATH (ITEM 27) (Type, Pri	MY R	ayal o	tur, F.	Bolto 2	1219	
	31. FFB 28 1991 g	Chi ADEED TOWN	ON BYOME		(,	



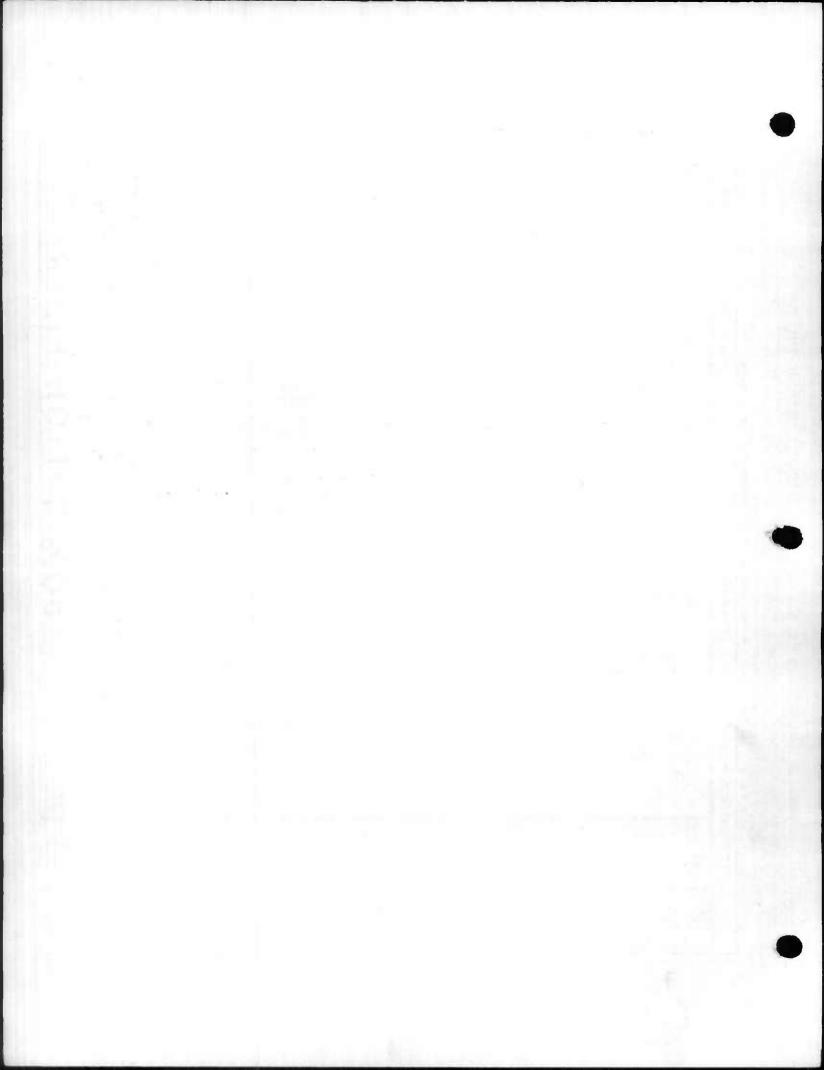
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within was after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND N		GIENE G. NO.	2 1	00111
	1. DECEDENT'S NAME (First Michile, Last)	-				2. DATE OF DE	ATH	3	TIME OF DEATH
	Elinore Ruth 1	Feinberg				MONTH 7	22/9/	YEAR	645 AM
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH		ACE (State or Foreign
	215-46-8486 9a. FACILITY NAME (If not institution, give str	1 M 2 A F	70 YRS.	DAYS DAYS	HOURS MIN.	(Month, Day, 11 - 02	-13	Country)	///
DIRECTOR	Hebrew Home of Gr	1/e, Ma	/	7-2-1		ernary			
EC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			1/1	Od. INSIDE CITY
E	Maryland Monto	gomery	Roc	kville	9			1	LIMITS?
	10e. STREET AND NUMBER	,			ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?
ER/	6121 Montrose H	Road			20852		US	A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		ENDENT OF HISPAN			14. RACE -	- American Indian,
ВУ Е	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			city Cuben, Mexicer 2 K NO Specify		rtc.)	Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work life. Do NOT use reti			UAL OCCUPATION More	N at of working	16b. KIND	OF BUSINESS/IND		
Ĭ,	Elementery/Secondery (0-12)	College (1-4 or 8 +)	Editor	etired.)		Tour	nal Of	Derr	chiatry
M	17. FATHER'S NAME (First, Middle, Last)	4	Editor		18. MOTHER'S NAI			FSY	CHIACLY
2	Solomon Jacob	Annlehaum			Mildre				
H	19e. INFORMANT'S NAME (Type/Print)	nppresada	19h MAII ING AF	nnness /Street a	nd Number or Rural F	_		Code	
2	Stephen Feinber	g			Court				20721
	20s. METHOD OF DISPOSITION	206	PLACE OF DISPOSITI				Oc. LOCATION —		
	12 2 Burlet 2 ☐ Cremetion 3 ☐ Remore 4 ☐ Donetton 8 ☐ Other (Specify)	uni from State	other place) ingDavid				Falls		
	21. SIGNATURE OF MUNERAL SERVICE LICE		4	22. NAME AN	D ADDRESS OF FAC	CHITY			
	· Oxfulled &	uteusi	er	1ves- 2847	Pearso Wilson	n Fune Blvd.	ral Ho	mes ,VA	22201
	23. PART I. Enter the diseases, or co shock, or heart fellure. L			antar tha mo	da of dying, suci	h ss cardisc o	respiretory srr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	C	. 1	1 -	2	. `	1 1		Onset and Daath
- 1	disease or condition a. CORONARY ARTERY DISEASE								
	DUE TO (OR AS A CONSEQUENCE OF):								
3	Sequentially list conditions,								
CERTIFICATION	tif sny, leading to immediata cause. Enter UNDERLYING								
윤	CAUSE (Disesse or Injury	DUE TO (OR AS A	CONSEQUENCE OF):						+
Ē	that initiated events resulting in deeth) LAST	(,						1
핑	-								+
A	PART ii. Other aignificant conditions			the underlying		Part I. 24a. 1	MAS AN AUTOPSY PERFORMED?		VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	MULTI-1	NFARCT	DEN	1ENT	IA	_ 10	YES 2 THO	C	OMPLETION OF CAUSE OF DEATH?
ME	DIASETE	5 MFT	LITUS						YES 2 NO
ž	METASTA	TIC BRI	EAST (CAN (ER				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)			
YSI	1 TYES 2 THO	1 Inpetient 2 ER/Outp			5 🗆 Residence	8 Other (Spec	ify)		
H	27. MANNER OF DEATH 1 Natural 8 Pending	(Month, Day, Year)	28b. TIME (ry wo	RK?	28d. DEŞCRIBE	HOW INJURY OCC	URED	
B	2 Accident Investigation			M 1 1					
윤	3 Suicide S Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
9	29e. CERTIFIER	TAN: To the heat of my know	lades death seemed				594 (C.S.A.) (St.		
S Could not be determined building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and the time, date end place, an									and menner se stated.
	29b. SIGNATURE AND /TITLE OF CERTIFIER								
H	BALLALA	(A L LA!	1. m		29c. LICENSE NUN	792	290. DATE) /	Month, Day Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (FTEM 27) (Type, P	rint)	W 00	010	, ,	110	711
	BARBARA CA	PRROLL	,MD,	0105	MON	TROS	ERI), RO	XKV14F
	31. DATE FILED (Month, Day, Year) FFR 9 8 1991	32. REGISTRAR'S SIGN	ATURE Prode 22					/	
	FEB 28 1991	TENTO WILLIAMSON-I							

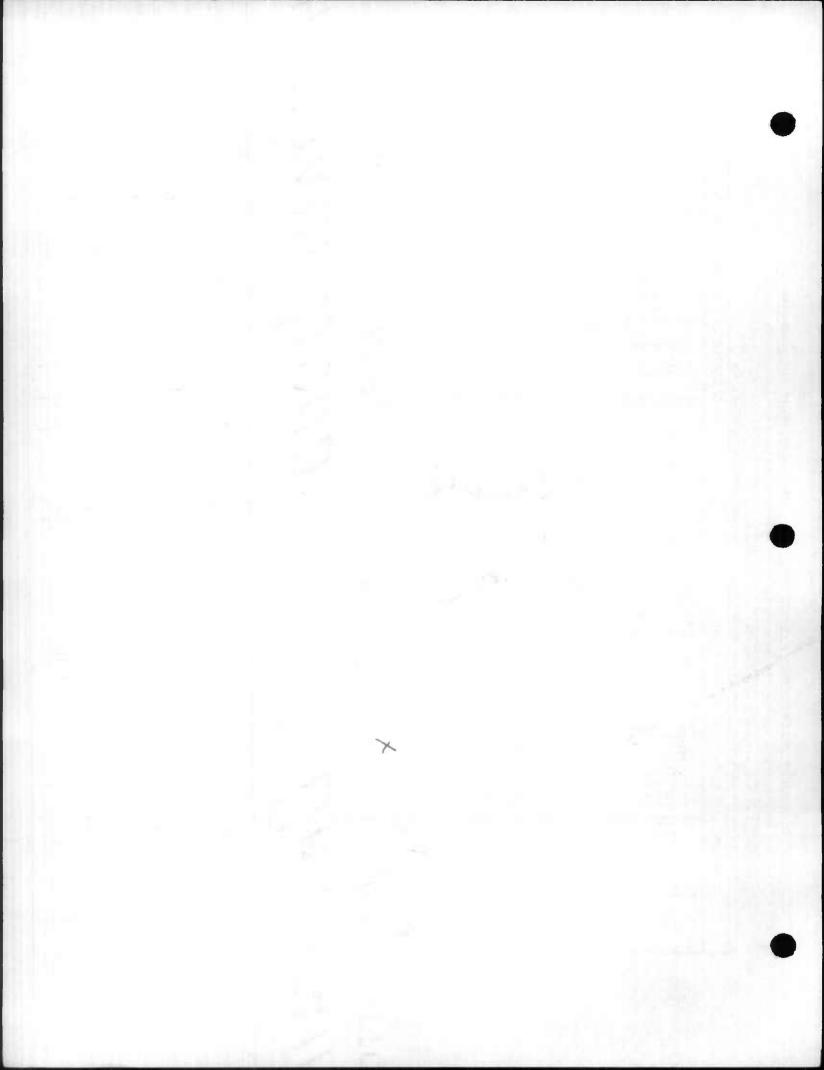




DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

TO BE COMF	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27-flours after death. Page 6 may be retained by the hosp

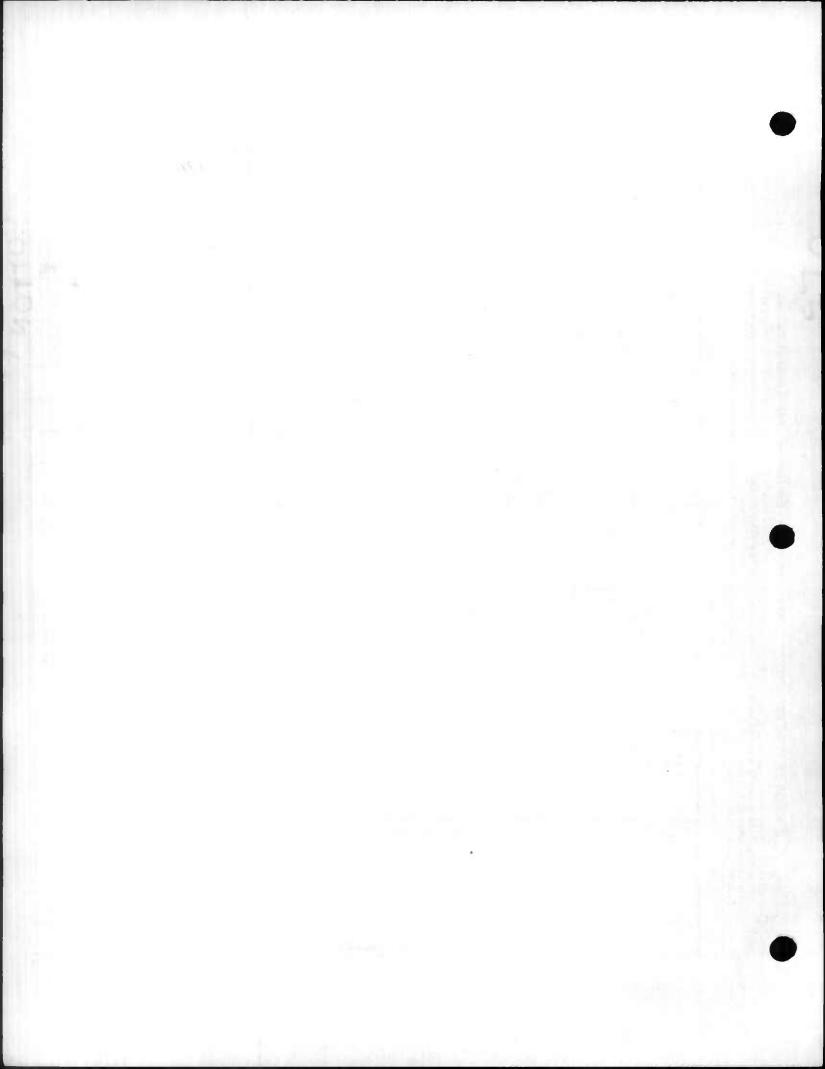
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				YGIENE EG. NO.	1	00112	
	1. DECEDENT'S NAME (First, Middle *	LILLIAN B.	GIBBONS			2. DATE OF I	DEATH DAY	YEAR)	3. TIME OF DEATH PM	
	4. SOCIAL SECURITY NUMBER 213-34-7998 9a. FACILITY NAME (If not institution, g	1 🗆 M 2 📈 F	91 YRS. M	HONDER 1 YEAR DAYS		7. DATE DE E (Month, De Aug 8	w Wood	Ma	ryland	
CTOR	STELL MAN	1.15			Y, TOWN OR LOCATION OF DEATH				TIMORE	
DIRECTOR	Maryland 106. CO	Baltimore	10e. CITY, 1		son			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL		y Valley Road			ZIP CODE 212		Uni	ted	States	
BY	11. MARITAL STATUS 1 Newer Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, spe	enDENT OF HISPANI letty Cuban, Mexican 2 NO Specify:	, Puerto Ricar		14. RACE Black Speck	- American Indian, , white, etc. y: White	
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	Me. Do NOT use r	k done durina moi	N at of working	16b. KIN	IO OF BUSINESS/INDI	USTRY		
E COM	10 Yrs. 17. FATHER'S NAME (First, Middle, Leat, Bernard	Behr		Mary Margaret Mueller						
TO BE	19a. INFORMANT'S NAME (Type/Print) Edwin C. Gibbo		13	DORESS (Street and Number or Fural Route Number, City or Town, Statu, Zip Code) 8815 Pleasantville Rd. Baldwin, Md. 21013						
	1 K Buriel 2 Cremation 3 Removel from State 4 Donation 6 Other (Specify) New Cathedral 3/1/91							re	wn, state Maryland	
	► milt	n J. Knigh	Knight Jr	Leona	rd J. Ruc	k, In	c. 5305		ford Road	
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions,	a. Congesto on a cusa on a constant on a congesto on as a congesto on as a congesto on	CONSEQUENCE OF):				or reapiratory em	,	Approximeta Intarval Between Onset and Daeth	
CERTIFICATION	DUE TO (OR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEDUENCE OF):									
MEDICAL	PART II. Other algnificant cond	itiona contributing to deeth b	ut not resulting in	the underlying	cause given in F		WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
CIAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? COTHER:									
PHYSICIAN:	1 TYES 2 NO 1 Impution 2 EUCompetion 3 DOA Norsing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY 28. TIME OF INJURY AT WORK? 28. INJURY AT WORK?									
TED BY	2 Cockent 3 Suicide 4 Homicide Could not be determined Suicide Could not be determined									
COMPLETED		29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash, occurred at the time, date and place, and due to the cause(s) and manner as stated.								
BE	296. SIGNATURE AND TITLE OF CERT	AKHODA -	MED. DI	RECT.	29c/LICENSE NUM	BEB 4	29d. DATE	SIGNED	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON			rient)						
	31. DATE FILED (MONTE 28 164 99	TIME DAVID	ATURE CONTRACTOR							



To strict the stress been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. To be COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY FUNERAL DIRECTOR State	TO THE HISPTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within common and completely filled in by the function of the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functal director, page 5 should be detached for use as the burial-train to the first page of them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
	THE HISPITAL OR ATTENDING P THE FUNEAU DIRECTOR. After the filed within 72-mous after death PORTANT: If them 28 is man BE COMPLETED BY

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIENI REG. NO.	91	05113		
1	1. DECEDENT'S NAME (First, Middle, Lest)	,				2. DATE OF DEATH	/ YEAR	3. TIME OF DEATH		
		rber, sr.				2 / 27	191	08:25 ×M		
	Programme Management	S. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	// .		
i	216-07-9274 1 90. FACILITY NAME (If not institution, give stree		12	G//7//7	Mar 9c COUNTY OF	yland DEATH				
DIRECTOR	St. Agnes Hospital		nore		Baltim					
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION	10d. INSIOE LIMITS				
	Maryland Balti	more		ansdown	2		1 TES 2 NO			
¥	10e. STREET AND NUMBER			101	ZIP CODE		WHAT COUNTRY?			
FUNERAL	3324 Washington Bl	. V.C 12. WAS DECEDENT EVER IN	II C ADMED	110 1100 000	21227	HC ORIGIN? (Specify Yee	US.	A. E - American Indian,		
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA' WW II	2 NO	If yea, ap		n, Puerto Rican, etc.)	Blac	ck, White, etc.		
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)		USUAL OCCUPATION Work done during mose retired.)		16b, KIND OF BUS	INESS/INOUSTRY			
PLE	Elementery/Secondery (0-12)	College (1-4 or 5 +)	Food s	service		self				
COM	17. FATHER'S NAME (First, Middle, Last)	vi)	2000	<u> </u>	18. MOTHER'S NA	ME (First, Middle, Maiden	Surneme)			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	nd Number or Rural :	Route Number, City or Town	n, Stete, Zip Code)			
2	Doris B. Gerber		3324 V	Vashingto	n Blvd.	Lansdowne	, Maryl	and 21227		
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	other place)	sition (Name of ce ge Memor:			cation - city or service Mar			
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME A	D ADDRESS OF FA	CILITY				
	Just J Go	when to		1328	SUlphur	cal Home, 1 Spring Roa	ad, Arbu	tus, Md. 212:		
	23. RAFT i. Enter the diseases, or coi shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)			bolu				interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d.									
AL	PART II. Other aignificant conditions	contributing to death be	ut not reaulting	in the underlying	g cause given in	Part I. 24s. WAS AN PERFOR	RMEO?	Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC						_ '		1 - YES 2 NO		
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF OEATH (C	heck only one)				
YSI(1 🗆 YES 2 NO	1 Inpatient 2 ER/Outp	atient 3 🗆 DOA			8 Other (Specify)				
ву РН	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation 1 Ves 2 NO									
8	2 Accident investigation 3 Suicide 6 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.									
TO BE	296 SIGNATURE AND TITLE OF CENTIFIER	/r /2	D		29c, LICENSE NU	MBER	≥ 2/2	ED (Month, Day, Year)		
-	V. GRIPPO 38	00 Catou	ATH (ITEM 27) (Typ.	SAH	Beltin	wou IT	1)			
	2/22/SFEB 28	32. REGISTRAR'S SIGN	ATURE SAVIDSON	Pandale	Ma					

DHMH-16 Rev 1/89



	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND / DI				ALTH AND	MEN		GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	rier			N.				ATE OF DE	DAY		EAR	TIME OF DEATH
H	4. SOCIAL SECURITY NUMBER 219-30-8444	5. SEX 1 M 2	1 D M 2 K 8 YRS. MONTHS DAYS HOURS MIN. (Month 8 -)2 S	Country)	CE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give s Liberty Medica RESIDENCE OF DECEDENT									•	e. COUNTY	OF DEAT	Н
DIRECTOR	10e. STATE 10b. COUNTY	(- 1		Balt				u				d. INSIDE CITY LIMITS?
IERAL	100. STREET AND NUMBER 18 N. Wheeler	Avenue			II.	101.	of, ZIP CODE 10g. CITIZEN OF WI 21223 USA						T COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES				WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerto Ricen, etc.) YES M NO Specify:				elfy Yee or etc.)	Yee or No- 14, RACE American India		hita, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		,	kind of w NOT us	vork done d e retired.)	ring most of working							
	17. FATHER'S NAME (First, Middle, Last)	D D-1			stic		16. MOTHER'S		irst, Middle,		mame)		
TO BE	190. INFORMANT'S NAME (Type/Print) Ned G)	<u>Doc Rob</u> rier	19b. M				Mad Number or Ru Avenue						2.2
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AN of cemetary, cre Mary 1			MOITION	A !			00- 10047			0
	21. SIGNATURE OF FUNERAL SERVICE A	V C	Jane	_	22. 1	NAME ANI	D AUDHESS OF	PACILIT	Ŧ				nes F.H.
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Pno DUE TO DUE TO	(OR AS A CONSEQUE	ENCE OF	F):			uch aa	cerdiac c	r respirat	ory stream	,	Approximate interval Batween Onset and Dastr
PHYSICIAN: MEDICAL C	PART II. Other significant condition	nditions contributing to deeth but not resulting in the underlying cause given in Pari						in Part		WAS AN AU PERFORME YES 2	107	AM CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN	26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1												
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending												
	3 Suicide 8 Could not be 4 Hornicide determined	Accident Investigation Suicide 8 Could not be building, atc. (Specify) 28t. DCATION (Street and Number or Rural Route Number, building, atc. (Specify)											
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS one) 2 MEDICAL EXAMINE		my knowledge, death										nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	medica	Q H·o.				29c. LICENSE	NUMBER	48	5 2	P 2	IGNED (M	onth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WE Liberty Mcc 31. DATE FILED (Month, Day, Year)	lical C	enter,	Be	a.0+	mo	re, v	nD	21	215	5		
	FEB 28 1991 4	32, REGISTRA	-Randelle										



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BOX
P.O.
RECORDS,
- VITAL I
O NO
DIVIS

FOR 1 STATE	TATE OF MARYLAND / (DEPARTMENT OF HEAL	TH AND MENTAL	HYGIENE 9	05115		
REGISTRAR	CE	RTIFICATE OF DE	ATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE 6 MONTH	DE DEATH DAY 5 9	3. TIME OF DEATH		
Jassandra G	omes		-33	2 DAY 5 9	7 7:49 9.		
The continues of the second	BEX 6. AGE (In yrs. last M 2 OF 2 Mich	"	NDER 24 HRS. 7. DATE C		BIRTHPLACE (State or Foreign Country)		
Pa. FACILITY NAME (If not institution, give street UNIVERSITY OF May la RESIDENCE OF DECEDENT	nd Medical System	Baltinara,		BAL-11	Mare City		
106. STATE 106. COUNTY Bal	more	10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 3240 FWKPOYT	Drive	101. ZIP (1225	10g. CITIZEN	OF WHAT COUNTRY?		
11. MARITAL STATUS 12 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES		NT OF HISPANIC ORIGIN Cuban, Maxican, Puerto R NO Specify:		RACE — American Indian, Black, White, atc. Specify: Black		
15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C	pleted) (Giv	EDENT'S USUAL OCCUPATION e kind of work done during host of v Do NOT use retired.)	vorking 16b.	KINO OF BUSINESS/INDUS	1 A		
17, FATHER'S NAME (First, Middle, Last) JOSE GOMES		18.	Sandy	Scatt	- 43		
Melanie A. Gold D	0	MAILING ADDRESS (Street and No. 2 Stuth Grooms					
20s METHOD OF DISPOSITION 1	1rom State 200 FLAGE	OF DISPOSITION (Negris of cometery,	cromatory or	20c LOCATION — CH	Corvino H		
21. SIGNATURE OF FUNERAL BERNICE LICENS	B (Celes	22, NAME AND AD	PIPESS OF FACILITY	Hell!	Ane 1		
23. PART I. Enter the diseases, pr com		eth. Do not enter the mode o	dying, such as cerd	liec or respiretory errest			
IMMEDIATE CAUSE (Final disease or condition resulting in desth)	Tetralogy DUE TO (OR AS A CONSEC	of Fallot			Interval Betwee Onset and Deal 2 munth		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQ	UENCE OFJ:					
PART II. Other eignificant conditions of Single Right	Coronary Arts	eaulting in the underlying car	use given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO No No No No No No No							
27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY — At hobuilding, etc. (Specify)		2 NO 261. LOC	ATION (Street and Number or or Town, State)			
One) 2 MEDICAL EXAMINER: (N: To the best of my knowledge, de	mvestigation, in my opinion, death	place, and dua to the ca- occured at the time, date	use(s) and manner as stated a and place, and dua to the	cause(s) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO O		ne Rosidont	LICENSE NUMBER	29d. DATE 9	SIGNED (Month, Day, Year)		

Julia Davidson-Randalla

MO

2/201

Baltimin

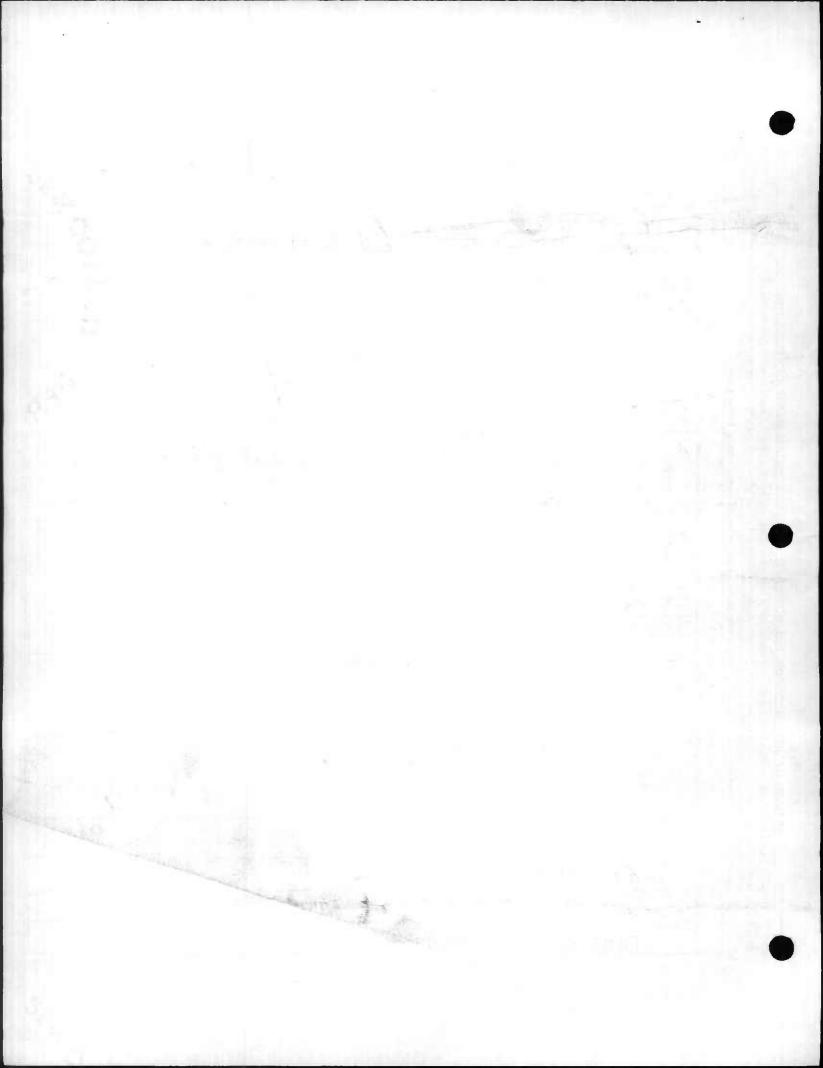


S1. DATE FILED (Month, Day, Year)
FEB 28

GoldiDo

1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
M. A. Goldi DD 22 South Groene Street



BALTIMORE, MARYLAND 21215-0020 hat the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial has the artending networked and one completely filled in by the funeral director name 5 should be denoted for use as the build-like.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Pages 1, 2, 3 should		
attending physician.	use as the burial-transit permit.		
ained by the hospital or	5 should be detached for use as the burial-		liffed at once
eath. Page 6 may be ref	uneral director, page 5 s		naminer must be no
within 24 hours after d	completely filled in by the funeral director, page 5 :	cremation, or removal.	went the medical e
ith certificate be executed	ne attending physician and co	If Hygiene prior to burial,	or less 23 shows any latury or other fraumatic event the medical examinar must be notified at one.
aw requires that the dea	ificate has been signed by the att	ith the State Dept. of Health and Mental Hygiene prior to buria	23 chause any injury
VDING PHYSICIAN: The	After th		e marked
THE REPORT OR ATTEN	THE HINCHAL DIRECTOR	filed within 72 hours after death v	DOOTANT H Item 28

	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIENE REG. NO.	51	03110			
	1. DECEDENT'S NAME (First, Middle, Last) Curt	Darrel	1	Hayes		2. DATE OF DEATH MONTH DAY	gran	3. TIME OF DEATH 7:10 A M			
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign			
	218-84-5325	1 M 2 🗆 F	24 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11-26-196	Cou				
	9e. FACILITY HAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
5 R	Raltimore Count	y Detention	Center	Tows	on		Baltim	ore County			
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	пон			10d. INSIDE CITY LIMITS?			
₫	Md		Bal	timore				1 YES 2 NO			
FUNERAL	3319 W Rogers	Avanua		10	21215		U S	WHAT COUNTRY?			
5	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S.,ARMED		EHDENT OF HISPA	HIC ORIGIH? (Specify Yee	or Ho— 14. RA	CE — American Indian,			
ВУ Е	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE IF YES, GIVE WAR OF		If yes, sp	ecify Cuben, Mexico 2 NO Specia	nn, Puerto Ricen, etc.) y:		Black			
	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATI	ON	16b, KIND OF BUS	INESS/INDUSTRY	DIACK			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	ast of working						
MPL		1 Year									
	17. FATHER'S NAME (First, Middle, Last) Howard Hayes					ME (First, Middle, Melden S	Sumame)				
BE	19e. IHFORMANT'S HAME (Type/Print)		19b. MAILING	ADDRESS (Street	Delores McCain S (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
5	Delores Hayes		331	.9 W. Rog	gers Aver	nue Baltimo	re, Md	21215			
	204/ METHOD OF DISPOSITION 1 D Suriel 2 Cremetion 3 Rem	oval from State	WESTERN S	E OF DISPOSITION	(Name	10 1 10 1	ATION — City or	Charles Committee Committe			
	4 Donation 5 Dother (Specify)		western 3		ND ADDRESS OF F	1	onsvill	e, Md			
	· Wortin	4/110	1	May	ch F/H Wabash	Vest					
	23. PART I. Enter the discesses, or	complications that cou	sed the death, Do				retory arrest,	Approximate			
CERTIFICATION	ahock, or heart failure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO JOR A	S A CONSEQUENCE OF	Laine riffing	ay			Interval Between Onset and Death			
ERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significent condition		PERFORMED? AMILABLE								
MED	2							OF DEATH?			
ï.											
ic	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1\frac{1}{2} VES 2 \cdot HO 1 \cdot Inpertent 2 \cdot ER/Outcettent 3 \cdot DOA 4 \cdot Huming Home 5 \cdot Residence \cdot DOA + On the resid										
НУ	27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 ☐ Hursing Home 5 ☐ Reeldence (☐ Other (Specify) ☐ 中中十									
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WORK?									
	2 Accident 3 Suicide 8 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street										
COMPLETED	CONTROL OF THE STATE OF THE STA	ICIAN: To the best of my kr						e(s) end menner ee stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	m/v 0/1	1		29c. LICENSE NU	IMBER	29d. DATE SIGN	ED (Month, Day, Year)			
TO B	1XWY	THIN!	AM	· mad	0.C.M	Ε	2-21	-91			
	MARIO # G	DUS OR	= , AUP		111 Pen	n St. Balti	more. M	d			
	FEB 28 1991	32. DEGISTRADIS S	IGNATURE PROPOSED	4							



		ges 1, 2, 3 should
46	physician.	bunial-transit permit. Pa
BALTIMORE, MARYLAND 21203-3146	ir death. Page 6 may be retained by the hospital or attending physician	le funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
MARYL	be retained by	ge 5 should be
ALTIMORE,	death. Page 6 may	e funeral director, pay
m	-	ž

FOR STATE REGISTRAR

DIRECTOR

FUNERAL

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10a. STATE

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10e. STREET AND NUMBER

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11. MARITAL STATUS

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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IN THE MUSTINE ON A PENNING FINISHED WITH THE PRINCE OF TH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: II Item 28 Is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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CERTIFICATION

PHYSICIAN: MEDICAL

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Mattie Hooks February 27, 1991 6:05am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR __ IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day Year) - 19 HOURS 1 M 2 X F 212-22-4749 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Maryland General Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE. CITY Y YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? REINHARDT 21230 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Mexican, Puarto Rican, atc.)
 U YES 2 X NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marr IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced BLACK 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION secify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) DOMESTIC 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) SANDERS MATTIE SANDERS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 425 ROSECROFT TERR./BALTIMORE. HOOKS MD. 20a. METHOD OF DISPOSITION
1X□Xurial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, Stata WESTERN STAR CEMETERY CATONSVILLE, MD. ■ Donation 5 □ Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Tuo WM.C. MARCH F.H.1101 E. NORTH AVE. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac pr respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Batwean IMMEDIATE CAUSE (Final **Onast and Death** disease or condition Fungemia DUE TO (OR AS A CONSEQUENCE OF): Bilateral Pneumonai Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING Chronic obstructive pulmonary disease CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST status post acute myocardial infarction

PART ii. Other aignificant condition	a contributing to death but not r	eaulting in tha u	ndarlying cause given in	Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 21 NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 22 NO	HOSPITAL: 1 M Inpetient 2 - ER/Outpetient 3	26. PLACE OF DEATH (Check only HOSPITAL: OTHER: OTHER: I M Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Others						
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DE	SCRIBE HOW INJURY OCCUP	RED		
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				CATION (Street and Number or rown, State)	Rural Route Number,		

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Eleas a	got An	MAD	n/a	→ 3/27/9/

NAME AND	ADDRESS OF	PERSON WHO	COMPLETED	CAUSE OF	DEATH (ITEM 27)	(Type, Print)
	Elai			M.d.		0/0

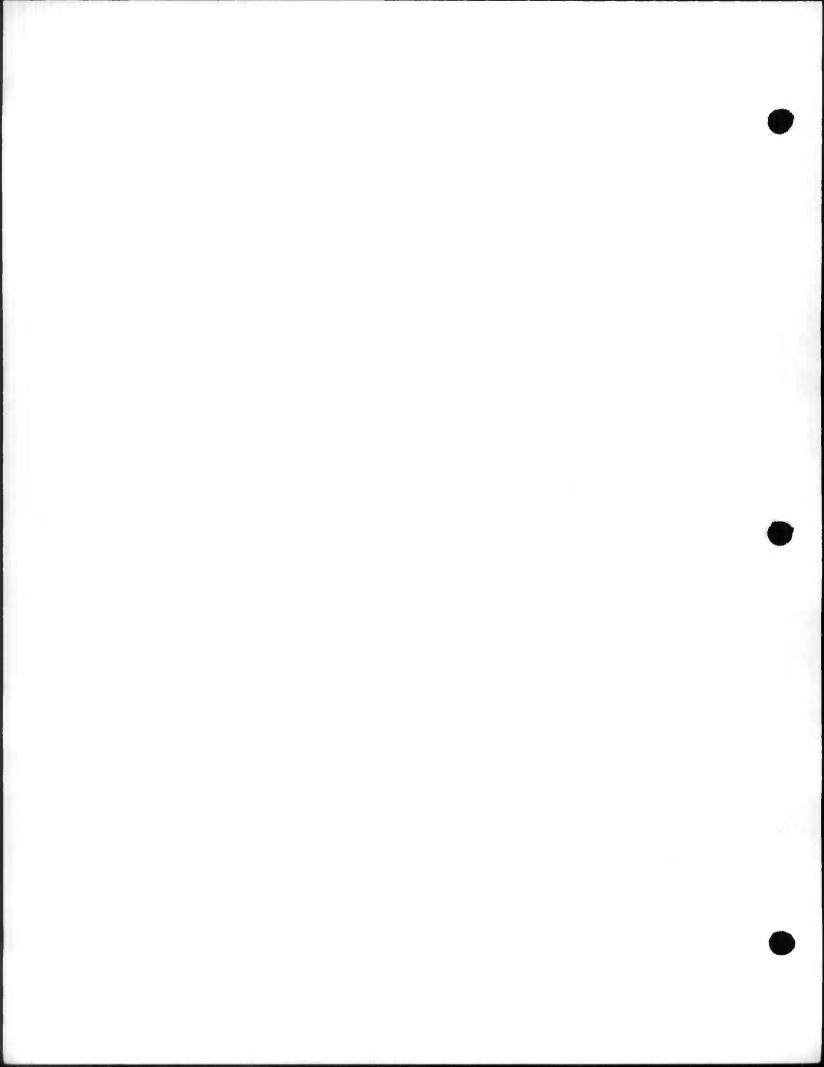
c/o Maryland General Hosptial

n/a

FEB 28 1991	Julia Faridas automas



29a. CERTIFIER



	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) NICOLE	MICHELE		HUNTE	R	2. DATE OF DI	24 ^{AY}	19 9^et "	3. Т	IME OF DEATH
and the same	212 00 0010	1 🗆 M 2 😾 F	(In yrs. last birthday) 20 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 12/4	/70	Ft	^{intry)} Kno	E (State or Foreign
LOR	98. FACILITY NAME (If not institution, give street PRINCE GEORGE HO		ER		LY, MARY		9c. COUNTY OF DEATH PRINCE GEORGE COUNT			
DIRECTOR	10a. STATE 10b. COUNTY PG			TOWN OR LOCAT			П			INSIDE CITY LIMITS?
ERAL	100. STREET AND NUMBER 704 Chillum Rd			101	20783			10g. CITIZEN O USA		COUNTRY?
BY FUNERAL	11. MARITAL STATUS XXX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 X NO Specify	n, Puarto Rican,		BI	ACE - A ack, Wh	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		ork done during mo retired.)	DN st of working	16b. KING	OF BUSIN	NESS/INDUSTRY	,	
M	12Yrs 17. FATHER'S NAME (First, Middle, Last)	1 Yr	Cash	ler	18. MOTHER'S NA	MP (Class Added)	Adulation (f)			-
	George Hunter					e Carro		ипате)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural i	Route Number, Ci	ity or Town,	State, Zip Code)		
	Renee Hunter (Mo				o,c,d,e,8	xf				
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State	ob. PLACE AND DATE of cemetary, crematory armony Men	or other place)		DATE		tion – chy or dover,	211111111111111111111111111111111111111	Stata
.570	21. SIGNATURE OF FUNERAL SERVICE LICE				ND ADDRESS OF FA	ciu yohn				Inc.
	> Quan	Smud			L5 12th S					
	23. PART I. Enter the diseases, or contained the second shock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	PRIMARY PU	each line.	YPERTEN						Approximate interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C	PERFORMED? 1 7 YES 2 NO OF						CON OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
Ä										
Sic	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ∑(X) YES 2 □ NO	HOSPITAL: 1 ☐ Inputient 2 XX R/Ou	durations 3 🗆 BOA	OTHER:	LACE OF DEATH (Ch					
BY PHYS	27. MANNER OF DEATH 1 \(\bigcap \) Natural 5 \(\bigcap \) Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	OF 28c. IN.	JURY AT ORK? YES 2 NO			JURY OCCURED	ı	
	2 Accident investigation 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						Number,			
COMPLETED	CONTROL ONLY	CIAN: To the best of my kno							60(a) an	d manner as stated.
BE C	26. SIGNATURE AND TITLE OF CERTIFIER	V 00 0	1		29c, LICENSE NU	MBER		29d. DATE SIGI	NED (Mo	rith, Day, Year)
TO B	MMM F.	DRUE H	M		OCME			02	25	1991
-	MARIO F	SOULE ST	RIW.		ENN STRE	ET BAI	LTIMO	RE, MA	RYL/	AND 21201
	31. FEB = 280, 1991	1 32. REGISTRAR'S SK	jande 2		Artist Control					

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 in 10 THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directional be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

detached for use as the burial-transit permit. Pages 1, 2, 3 should

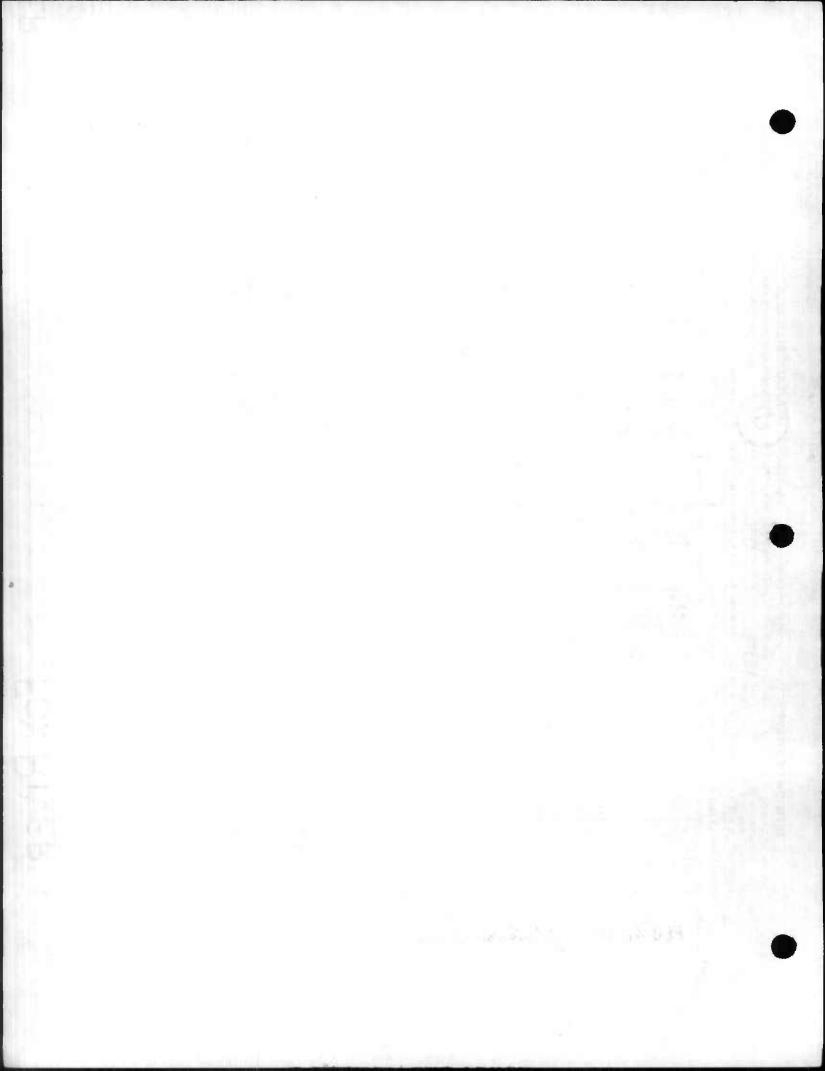
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have a signed by the state Deut, of Health and Mental Hoslene prior to burial, cremation, or removal.	MPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPI	TO THE FUNER	IMPORTANT:

05119 91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL		CATE OF	DEATH	REG.	NO.	
1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	TH DAY Y	3. TIME OF DEATH
CATHE	RINE MARTE	HOUCK			02 23		10:25P
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI	H 6.	BIRTHPLACE (State or Foreign Country)
217-07=8208	1 □ M 2 (X) E	7 4 YRS.	MONTHS DAYS	HOURS MIN.	08 29		BALTIMORE
9a. FACILITY NAME (If not institution, give		7	9b. CITY, TOWN C	R LOCATION OF DE			Y OF DEATH
G.B.M.C., 670	1 N. CHARLES	ST.	TOV	ISON		ВА	LTIMORE
10a. STATE 10b. COUNT	TY	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
MARYLAND	BALTIMORE		Santa and a		ESSEX		1 X YES 2 - NO
10e. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
922 KINWAT AV	ENUE			21221	1	U.	.S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		ENDENT OF HISPAI			I. RACE — American Indian, Black, White, etc.
1 Never Married 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR I			2 NO Specif		()	Specify:
X	<u> </u>				-		White
15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S U	rork done during mo	ON st of working	16b. KINO O	F BUSINESS/INDUS	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use				77	
8		Hous	sewife			Home	
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, M		
Albert Meir						Weathers	
19a. INFORMANT'S NAME (Type/Print)						or Town, State, Zip Co	,
Helen G. Torbeck		936 Ma	rtin Ro	ad Balti	more Mar	yland 21	1221
- 11		_/	Kruzdz	anolea kin	noral Ha	ma D A	
Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	a. SE OUE TO (OR AS OUE TO (OR	PSTS A CONSEQUENCE OF A CONSEQUENCE OF CTASTATIC A CONSEQUENCE OF	1407 (not enter the mo	da of dying, aud	ern Ave	Baltimor	
ahock, or heart failure MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially lilat conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. SE OUE TO (OR AS OUE TO (OR	PSTS A CONSEQUENCE OF A CONSEQUENCE OF CTASTATIC A CONSEQUENCE OF	1407 (not enter the mo	Old Easte da of dying, aud	ern Ave the action of the acti	Baltimor reapiratory arres	Approximate Interval Batw Onaet and D. 4/4/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
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CORDS, P.O. BOA 13149, BALLIMONE, MANTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🗸 nous after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic

	FOR 1 STATE	STATE OF MARYLAND				MENTAL		91	05	5120
	REGISTRAR		EKITI	CATE OF	DEATH		REG. NO.		_	2000
1	1. DECEDENT'S NAME (First, Middle, Last) EVERET H. HIL	L				2. DATE O	OF DEATH DAY 23	9 1	AR	B:30 PM
	0.3.0	5. SEX 6. AGE (In yrs. I		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH I, Day, Year) 9-10	0	inthplace ountry) rylan	(State or Foreign
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN C	R LOCATION OF DE			e. COUNTY		
TOR.	CHURCH HOSPITA	L CORPORATIO	N _	BALT	IMORE O	CITY		-		
DIRECTOR	MARYLAND 106. COUNTY	-		town or Locate	City				110	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	2915 Hudson Stre	et		101	21224			U .	S.A.	OUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 M NO Specify	n, Puerto F			RACE — An Black, White Specify:	merican Indian, e, etc. White
COMPLETED	15. DECEDENT'S EDUCA (Specily only highest grade of Elamentary/Secondary (0-12)	n/mnleted)	Give kind of w the Do NOT us Chau	usual occupation or during more retired.) ffeur	ON st of working	16b.	Stee		RY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) John William Hill				18. MOTHER'S NA Bell	ME (Flox), M Le Co	Widdle, Maiden St) nd on	rname)		
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. LaVerne Chane	y	2915	AODRESS (Street & Hudson S	treet, E	alti	more, I	State, Zip Coo Id 21	224	
	20a. METHOD OF DISPOSITION 11 Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	/al from State 20b. PLAC	e of dispos	d Cemete	netery, cremetory or		Balt:	imore,	or Town, St Md.	ate
	21. SIGNATURE OF FUNERAL SERVICE LICE	mathew-			od address of fa ews Funer Eastern A			nore.	Md. 2	2.1224
	23. PART I. Enter the diseases, or co	molications that caused the	death. Do n							Approximeta
		iat only one cause on each II		-/						Interval Between Onset and Death
		DUE TO (OR AS A CONS	SI	EPSIS						2 mles
	Tourist and activity	DUE TO (OR AS A CONS	SECUENCE OF	T):						
NO	Sequentially list conditions,	DUE TO (OR AS A CONS								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A CONS	SECUENCE OF	-):					i	
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF							
H	reaulting in death) LAST									
CE	0.									
ÄL	PART II. Other eignificant conditions	contributing to death but no	t resulting i	n the underlyin	g cause given in	Part I.	24s. WAS AN A PERFORM	UTOPSY ED?	AVAIL	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
PHYSICIAN: MEDICAL						—	1 YES 2	\$/10		EATH?
ME									1 🛮	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			24.0	ACE OF DEATH (C)	and only a				
C	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)		No. of the last			
1YS	1 D YES 2 X NO 27. MANNER OF OEATH	1 O Inputiant 2 ER/Outputient 28a. DATE OF INJURY	28b. TIM		JURY AT		SCRIBE HOW IN	JURY OCCUR	ED	
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY W	YES 2 NO		,			
LED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, factory, offi	70		CATION (Street an or Town, State)	d Number or I	Rural Route I	Vumber,
COMPLETED	const. Oray	HAN: To the best of my knowledge, t: On the basis of examination and/							ause(a) and	menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1 1			29c, LICENSE NU			29d. DATE SI		
TO BE	Rate it to	1 zal mo			034	35	7	▶ 2 /	231	91
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (TEM 27) (Time	Deleth	CHILDCH			1000		A DETA V

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/00. Print)

ABITE H. ZALZAL CHH

32 REGISTRAR'S SIGNATURE

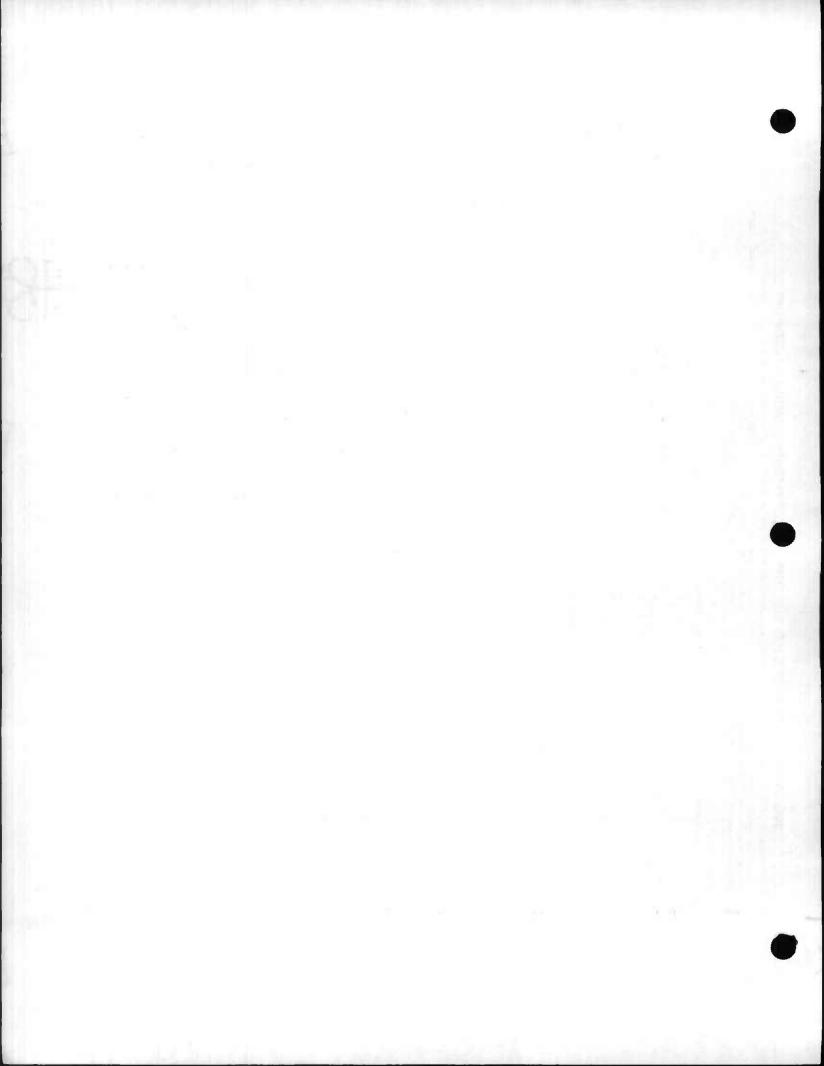
Suha Savidson-Randelle

RABITE H.

31. DATE FILED (Month, Day, Veer)
FEB 28 1991



CHURCH HOSPITAL 100N BROADWAY



13146,
BOX
P.0.
RECORDS,
VITAL
OF
DIVISION

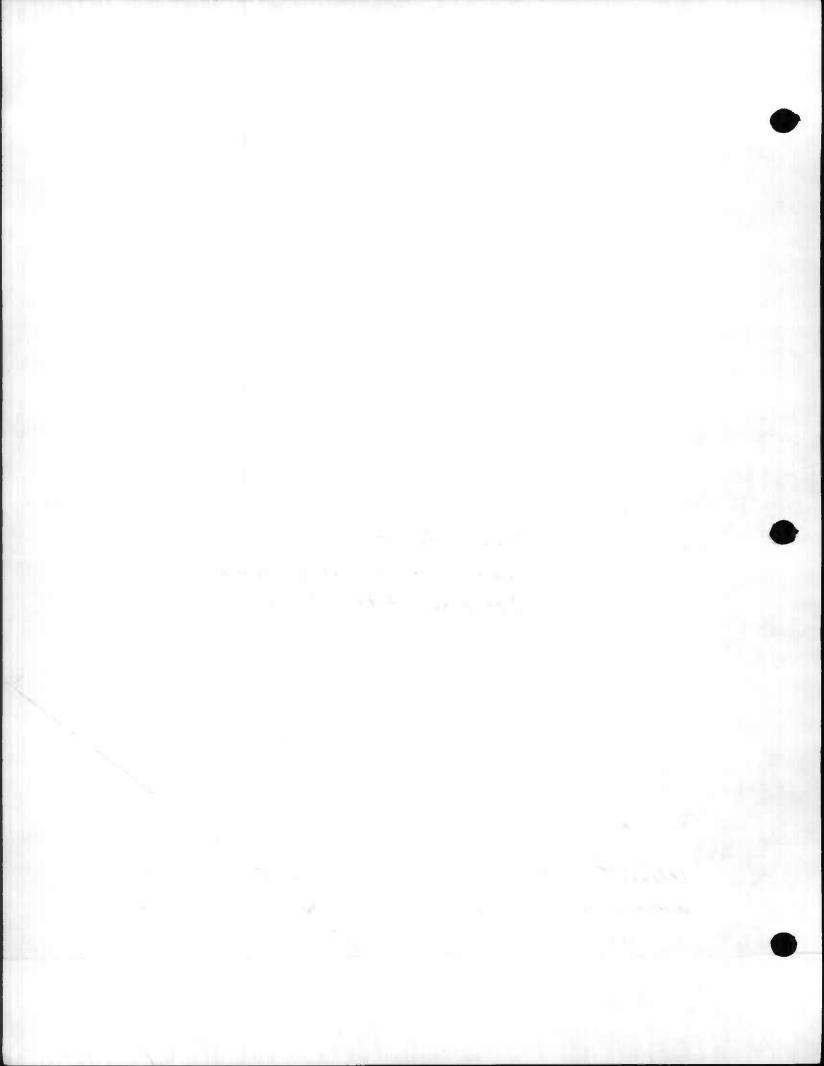
THE FIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within continuous after death. Page 6 may be retained by the hospital or attending physician.

THE FINETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANTE IF HEM 28 is marked, or Hem. 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGI	ENE
			ERT	IFICATE	O	F DEAT	ГН		REG.	NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HI		MENTAL HYGIE REG. N		0016	
	1. DECEDENT'S NAME (First, Middle, Last)	Ivey,	Jr			2. DATE OF DEATH MONTH	DAY 25	a. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 240-44-7271	5. SEX 6. AGE	(In yrs. last birthday) 56 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-14-	8.	BIRTNPLACE (State or Foreign Country)	
OR	Baltimore Coun	ty Gen. to	1000.		o, Rando	allstown	9c. COUNTY BOL	1	
DIRECTOR	10a. STATE 10b. COUNTY	0	10c. CITY	TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO	
FUNERAL C	10e. STREET AND NUMBER	2 ment	111	101.	21P CODE 2/20	7	10g. CITIZEN	OF WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EYER FORCES? 1 YES IF YES, GIVE WAR OR D	RACE — American Indian, Black, White, etc. Specify:						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18e. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during mos		,	ousiness/indus	0 -	
BE CON	17. FATHER'S NAME (First, Middle, Last) HIDOUT C. IV	ey, Sr			18. MOTHER'S NAT	me (First, Middle, Mald	on Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) Deborah A.	Tuey	19b. MAILING	ADDRESS (Street ar	nd Number or Rural F	Balto	own, State, Zio Co	4 4 2:07	
	20e. METHOD OF DISPOSITION 1 thursel 2 Cremetion 3 Remo	oval from State	other place)	ITION (Name of cert	FUNST	Vet C	Wings	Wills Mil	
	21. SIGNATURE OF UNERAL BERVICE LIC	B. Carle		Mayo	DADDRESS OF FAM	bash &	me .		
	23. PART T. Enter the diseases, or ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardia	each line.	st			apiratory arrest	t, Approximate Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	a contributing to death	but not reaulting in	n the underlying) cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF OBATN? 1 VES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	stpatient 3 DOA	OTHER:	ACE OF DEATH (Ch	8 Other (Specify)			
	27. MANNER OF CEATN 1 Neturel 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c, INJ		28d. DESCRIBE NO	W INJURY OCCUP	RED	
2 Accident investigation 28s. PLACE OF INJURY — At home farm street factory office. 28s. PLACE OF INJURY — At home farm street factory office.								Rural Route Number,	
Significant Services and Could not be determined building, etc. (Specify) 20a. CERTIFIER (Check only one) 20b. CERTIFIER (Check only one) 20c. CERTIFIER (Check one) 20c. CERTIFIER (Check one) 20c. CERTIFIER (Check one) 20c. CERTIFIER (Check one) 20c. CERTIFIER (Check one) 20c. CERTIFIER (Check one) 20c. CERTIFIER (Check one) 20c. CERTIFIER (Check one) 20c. CERTIFIER (Check one) 20c. CERTIFIER (Check one) 20c. CERTIFIER (Check one) 20c. CERTIFIE									
296. SIGNATURE AND TITLED CERTIFIER 296. SIGNATURE AND TITLED CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, 296. 2/25									
0	30. NAME AND ADDRESS OF PERSON WH		DEATH (ITEM 27) (Type,	Print)	200		1 2	the pita	
Ý	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	SNATURE Danda	more	Jount	1 Gene	13(103/20121	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

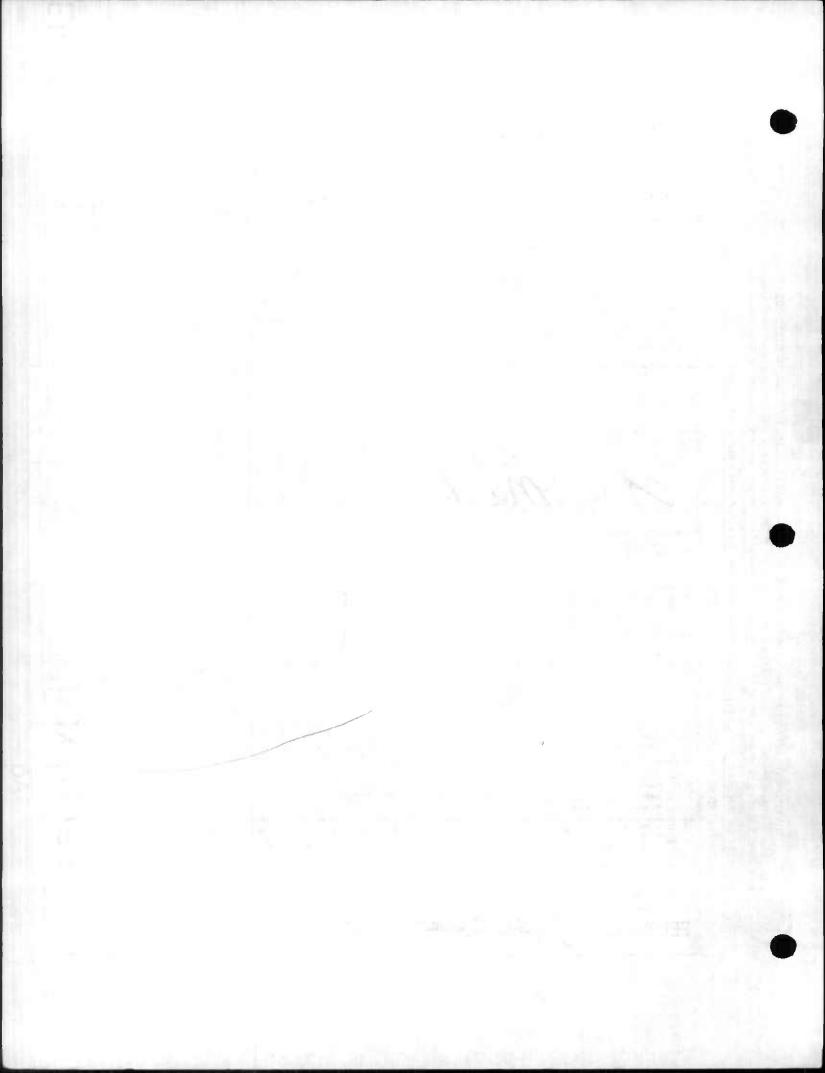
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ГН		REG. NO.

- STATE REGISTRAR	STATE OF MARYLAND	ERTIFICATE (MENTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	JEFFERS	, 4,		2. DATE OF DEATH DA	Y YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER : 247-24-8800	5. SEX 6. AGE (In yrs. le	YRS. MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	O	THPLACE (State or Foreign intry)
9a. FACILITY NAME (If not institution, give sti LIBERTY MEDICAL CE RESIDENCE OF DECEDENT			MORE	AIH	9c. COUNTY OF	DEATH
10a. STATE 10b. COUNTY		10c. CITY, TOWN OR L	140			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER H 05 E d 6	12. WAS DECEDENT EVER IN U.S. A	DMED 12 WAS	101. ZIP CODE	IC OBIGING Secrets, Vicania	U	WE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	NO If ye	DECENDENT OF HISPAN a, specify Cuban, Maxica YES 2 NO Specify	n, Puerto Rican, etc.)	BI	ack, White, etc. Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (ECEDENT'S USUAL OCCU Give kind of work done durin e. Do NOT use retired.)	PATION g most of working	16b. KIND OF BUS	INESS/INDUSTRY	
17. FATHER'S NAME (First, Middles Last) Adam Def	Person		DI	ME (First, Middle, Meiden		erson
HELLE L.	Tefferson !	96. MAILING ADDRESS (SI 4/05 E				11 2/2/5
METHOD OF DISPOSITION 1/3 Burlel 2 Cremation 3 Remo 4 Donation 8 Other (Specify)	oval from State of cemet	e and date of disposity crematory of other blace	Men Par	4 6	cation - Gity of	Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	March	22. NAR	and address of fa	H. Wist		
iMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING		sis Car EDUENCE OF): Monia		a 3 (ung	Interval Batween Onset end Death
CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):				
PART II. Other eignificant condition	e contributing to deeth but not	resulting in the unde	dying ceuse given in	Part i. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				_		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL			RS. PLACE OF DEATH (Ch	eck only one)		1 YES 2 NO
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Propertient 2 = ER/Outpatient	3 DOA 4 Nursing	Home 8 - Residence	8 Other (Specify)		- 2
EXAMINER?	1 Pinpetient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	3 DOA OTHER: 4 Nursing 28b. TIME OF 19JURY M	Home 8 Residence c. INJURY AT WORK? YES 2 NO	8 Other (Specify) 26d. DESCRIBE HOW		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	1 ☑ Inpatient 2 ☐ ER/Outpatient 28s. DATE OF INJURY	3 DOA OTHER: 4 Nursing 28b. TIME OF 19JURY M	Home 8 Residence c. INJURY AT WORK? YES 2 NO	8 Other (Specify)	and Number or Ru	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSI	1 Prinpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — Al	3 DOA 4 Nursing 28b. TIME OF NURY M norme, farm, street, factory.	Home 8 Residence c. INJURY AT WORK? YES 2 NO office	28. LOCATION (Street City or Town, State)	and Number or Ru nner as stated.	ral Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSI	1 Prinpetient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — Al building, atc. (Specify) ICIAN: To the best of my knowledge, ER: On the basis of examination and/or	3 DOA 4 Nursing 28b. TIME OF NURY M norme, farm, street, factory.	Home 8 Residence c. INJURY AT WORK? YES 2 NO office data and place, and dus ion, death occured at the	8 Other (Specify) 2ed. DESCRIBE HOW 281. LOCATION (Street City or Town, State) to the cause(a) and ma time, date and place, as	and Number or Ru nner as stated. Indidus to the cau	ral Route Number,





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TO THE HOSPITAL OR A TEXTURE PHYSICIAN. The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR WAR This certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after health with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ELIAS M.

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GIZAW,

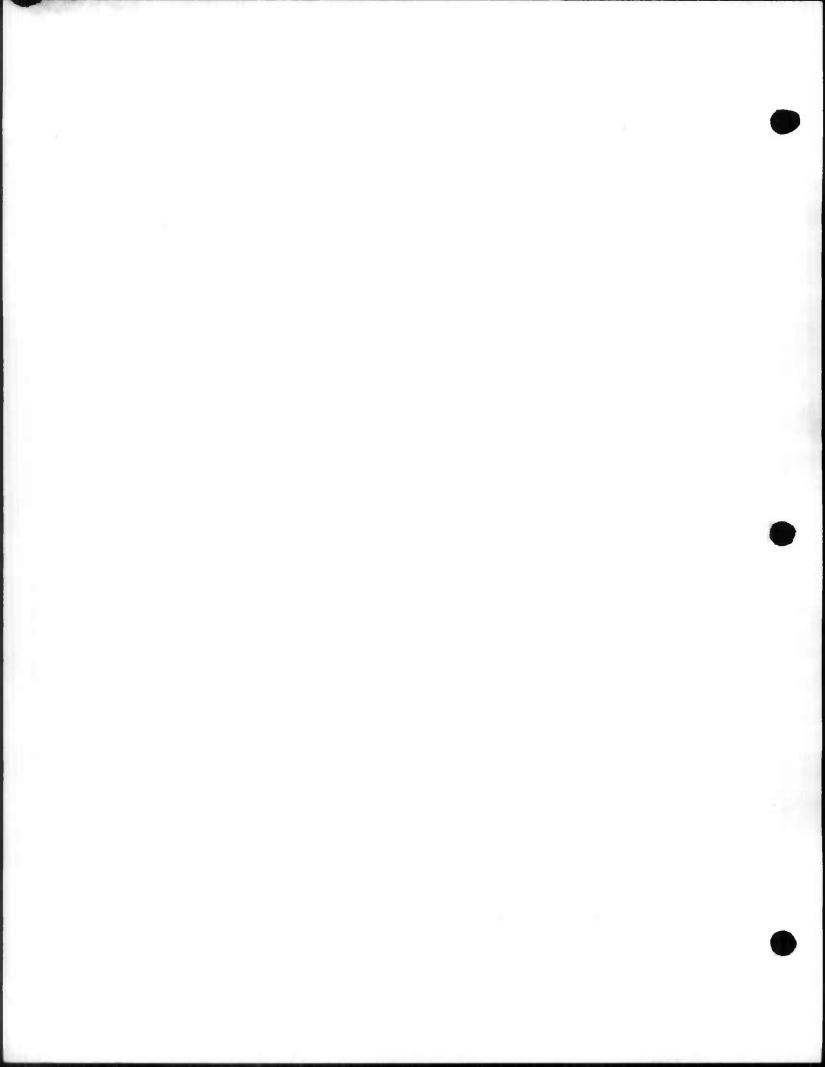
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	FOR STATE REGISTRAR		STATE OF I	MARYL					HEALTH DEA		MEN	ITAL HYGIEN REG. NO.	E 9	1	05123
	1. DECEDENT'S NAME (First,	Middle, Last)										DATE OF DEATH			3. TIME OF DEATH
l	HOW	ARD	A. JON	ES								BRUARY	w 26. 1	991	9:50 P. M
1	4. SOCIAL SECURITY NUMB		5. SEX		(In yrs. lesi	t birthday)		R 1 YEAR		R 24 HRS.	7. D	ATE OF BIRTH	-0.	8. BIRTH	PLACE (State or Foreign
	217-05-8378		1 M 2 F	8	37	YRS.	MONTHS	DAYS	HOURS	MIN.	()	Month, Day, Year) 2-24-19	na l	Country	, Md
	9a. FACILITY NAME (If not in:	etitution, give stri	eet and number)				9b. CITY	r, TOWN	OR LOCAT	ION OF DE	EATH	2-21-15		NTY OF DE	
DIRECTOR	MARYLAND GENERAL HOSPITAL						BAL	TIMO	RE, (CIT	Y				
입	10a. STATE 10b. COUNTY					10c. CIT	Y, TOWN	OR LOCA	TION	-	-			T	10d. INSIDE CITY
#	MARYLAND					RAT	TTMC	DE	MAD	YLANI	0				LIMITS?
	10e. STREET AND NUMBER					DAI			f. ZIP COD				10g. CIT	IZEN OF W	HAT COUNTRY?
ER/	1811 Drui	d Hill	Avenue						21	217			U	SA	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN									RIGIN? (Specify Yes	or No—	14. RACE	- American Indian,
	1 Never Married 2 💢	122 -	FORCES? 1			10		If yes, sp	pecify Cub	an, Maxica Specifi	n, Pu	erto Rican, atc.)		Black. Specif	, White, etc.
<u>a</u>	3 Widowed 4 Divo	rced		20,444	51701				- LDA		,.			-	Black
<u>a</u>		EDENT'S EDUC				CEDENT'S			ON ost of work	ina		16b, KIND OF BU	BINESS/IND	OUSTRY	
	Elementary/Secondary (0	T .	College (1-4 or 8	+)	Ille.	Do NOT u	se retired.)	during in	USE OF WORK	my		Massi	اسماما	C1b	
1ª												Mary	land	Club	
COMPLET	17. FATHER'S NAME (First, Mi	ddle, Last)							18. MOT	THER'S NA	ME (F	First, Middle, Maiden	Surname)		
BE	Unknown								y ₁	aknov	νn				
	19a, INFORMANT'S NAME (7)	rpe/Print)			191	b. MAILING	ADDRES	S (Street				Number, City or Tow	n, State, Zij	Code)	
임	Emma Jone	25				1811	Dri	iid	Hill	Aver	1HE	Balti	nore	Md	21217
	20. METHOD OF DISPOSIT	ON	31. EST-62	20	b. PLACE	OF DISPO	SITION (N	ame of ce	metery, cre	matory or		20c. LO		Cify or Ton	
	XBurial 2 Crematio	n 3 L Remo	val from State	_	other pla	Ne	ew Ca	athe	dral	Ceme	ete	ery B	altin	nore,	Md
	21. SIONATURE OF FIRETRA		ENSEE /	2/		_	22.	NAME A	ND ADDRI	ESS OF FA	CILIT	Υ			
	· 49/	24/	10 2	he	m	/				/H We		; Avenue			
	23. PART i. Enter the di						not ente						iratory ar	rest,	Approximata
1	iMMEDIATE CAUSE (Fin		ist only one ca	use on e	ech line).									interval Batween Onset and Death
	disease or condition	-	PNEU	MONT	Δ.										j
	resulting in death)	•				OUENCE C	F):								+
-			CARC	INOM	IA OF	LAR	YNX								
CERTIFICATION	Sequentially list condition if any, leading to immediate		DUE TO	(OR AS	A CONSE	OUENCE C	F):				-				
8	ceuse. Enter UNDERLY	NG													
Ĕ	CAUSE (Diseese or inju that initiated events	Ly .	DUE TO	(OR AS	A CONSE	DUENCE C	F):								
토	resulting in deeth) LAS	r d	l.												
	DART II ON	in distribution		4 4 4		44						1000000			
Ä	PART II. Other aignifice	nt conditions	contributing to	deetn	out not i	reeuiting	in the u	naeriyii	ng ceuse	given in	Part	i. 24a, WAS AN PERFO		246.	WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
MEDIC												1 TYES	NO X		DF DEATH?
M															1 TYES 2 NO
ä															
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHE		PLACE OF	DEATH (Ch	hack o	nly one)			<u></u>
Si	1 TES 2 NO		120 Inpatient 2	ER/Out	tpitlent 3	□ DOA	4 Nu		me 5 🗆 F	Rasidenca	8 🗆	Other (Specify)			
E	27. MANNER OF DEATH		28s. DATE O	F INJURY Day, Year)		28b. TII	AE OF JURY	28c. IN	JURY AT		280	I. DEŞCRIBE HOW	NJURY OC	CURED	
BY F		Pending Investigation	(,	,,,			М		YES 2	□ NO					
	3 Suicide 8	Could not be	28s. PLACE (OF INJUR	Y — At ho	ome, ferm,	street, fac	ctory, off	ca		281	. LOCATION (Street City or Town, State		r or Rural F	loute Number,
1	Success 8 Could not be determined building, atc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
빌	29a. CERTIFIER 1 X CERT	IFYING PHYSIC	CIAN: To the best o	f my kno	wiedge, de	eath occur	red at the	time, dat	te and plac	e, and du	to th	ne cause(a) and ma	nner aa atr	rted.	
X X	torious only		-) and manner as atated.
	29b. SIGNATURE AND TITLE									CENSE NU					(Month, Day, Year)
H	Plia		917 AV	/					Zac. Lit		MDEH	,	290. UA		-6 / 9/
	, car	-	O COMPLETED CAL							N/A				-/-	-/ //

M.D. C/O MARYLAND GENERAL HOSPITAL

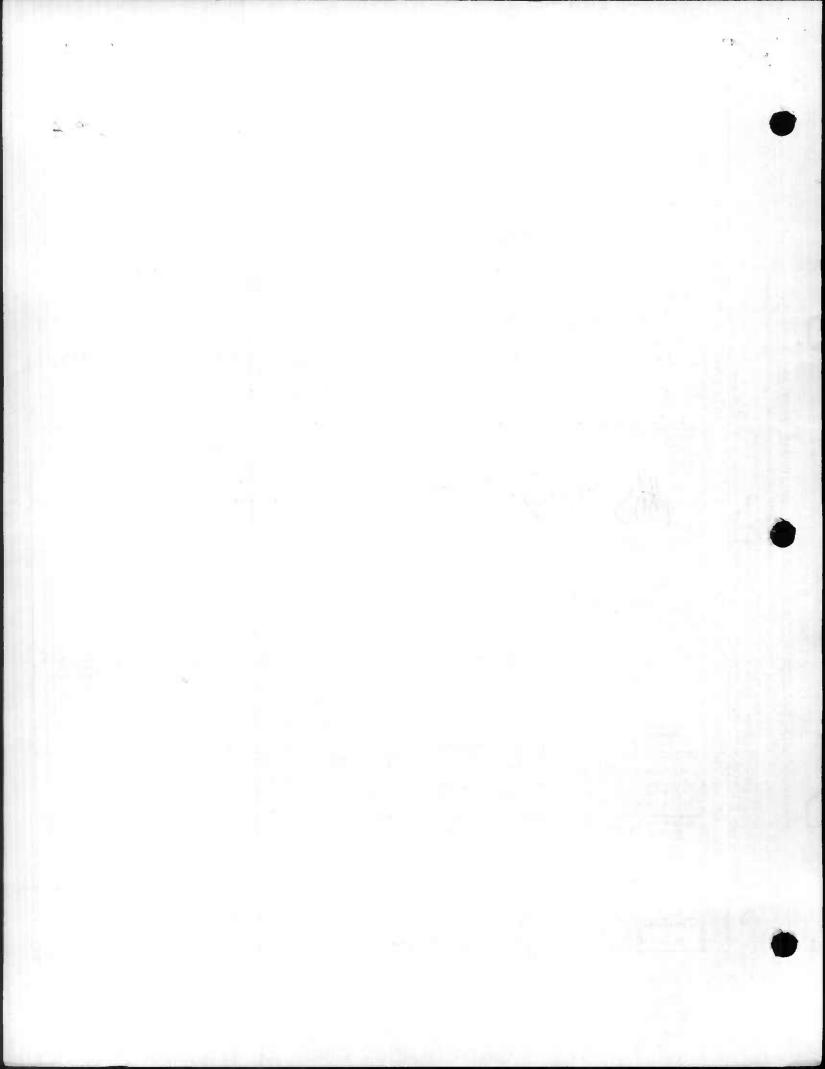
32. REGISTRAR'S SIGNATURE

July Day Open Print)



HYSICIAN: The law requires that the death certificate be executed within a Hours after death. Page 6 may be retained by the hospital or attending physician.	with the State Deer, or Health and Mental Hybiene prior to burial, cremation, or removal.	her traumatic event, the medical examiner must be notified at once.
the death certificate be executed within a rouns after death. Page 6 may be retained by the ho	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact with the State Den; of Health and Mental Hyblene prior to burial, cremation, or removal.	rked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the field within 2 hours after death with the State Deut, of Health and	IMPORTANT: It item 28 is marked, or Item 23 shows any in

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART			MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle RAYMOND SELM	MER JOHNSON				2. DATE OF DEATH MONTH 02-26-91	YE.	3. TIME OF DEATH 230 A
4. SOCIAL SECURITY NUMBER 218-07-9924 9a. FACILITY NAME (If not institution	1 M 2 □ F	85 (RS.	F UNDER 1 YEAR HONTHS DAYS 9b. CITY, TOWN C	F UNDER 24 HRS. HOURS MIN.	7, DATE OF BIRTH (Month, Day, War) 08-19-190		BIRTHPLACE (State or Foreign Country) IOWA OF DEATH
MERCY MEDICAL	CENTER		BALTIMO			CIT	
10a. STATE 10b. 0	DE ARUNDEL		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	& ROBINWOOD RI			1225		U.S.A	
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR UNKNOWN	8 2 NO	If yes, sp		NC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	1,12	RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT (Specify only higher	st grade completed)	16a. DECEDENT'S U (Give kind of wo	ISUAL OCCUPATION done during mo retired.)	ON st of working	16b, KIND OF BUS	SINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	ENGINE			BALTIMOR	RE GAS	& ELECTRIC C
17. FATHER'S NAME (First, Middle, L	ast)				ME (First, Middle, Maiden	Surname)	
UNKNOWN			9	SOPHIE		INKNOWN	<u>′</u>
19a. INFORMANT'S NAME (Type/Pris CHRISTOPHER P					Route Number, City or Tow Burnie, MI		•
20a. METHOD OF DISPOSITION	2	0b. PLACE OF DISPOSIT				CATION — City	
1 Nation 2 Cremation 3 (Removal from State (y)	Parkwood C	emetery		BAI	TIMORE	, MD
21. SIGNATURE OF FUNERAL SERV	lon Symle		SINGL		ERAL HOME	N DUDN	TE. MD 21061
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	ental	stat	is denent	5.62	1/2
COPS			the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C			
1 YES 2 NO.	1 Inpatient 2 ER/O	Y 28b. TIME	OF 28c, IN.	URY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCUR	ED
1 Natural 5 Pendir	(Month, Day, Year) INJU	IRY WO	YES 2 NO			
2 Accident Invests 3 Suicide 5 Could 4 Homicide determ	not be 28e. PLACE OF INJUI	RY — At home, farm, at oecify)	reet, factory, offic	•	281. LOCATION (Street City or Town, State)	and Number or I	Pural Route Number,
(Orlean orly)	3 PHYSICIAN: To the best of my knot XAMINER: On the besis of axaminat						suso(a) and manner as stated
296. SIGNATURE AND TITLE OF CO	An hour	e office		29c. LICENSE NU	MBER	29d. DATE SI	GNED (Morith, Day, Year)
36. NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, I	Print) SH Pen-1	St B. 14	m. Mo	2120	۲
FEB 28	32. REGISTRAR'S SH 1991 Luhia David	SNATURE Son-Randell					

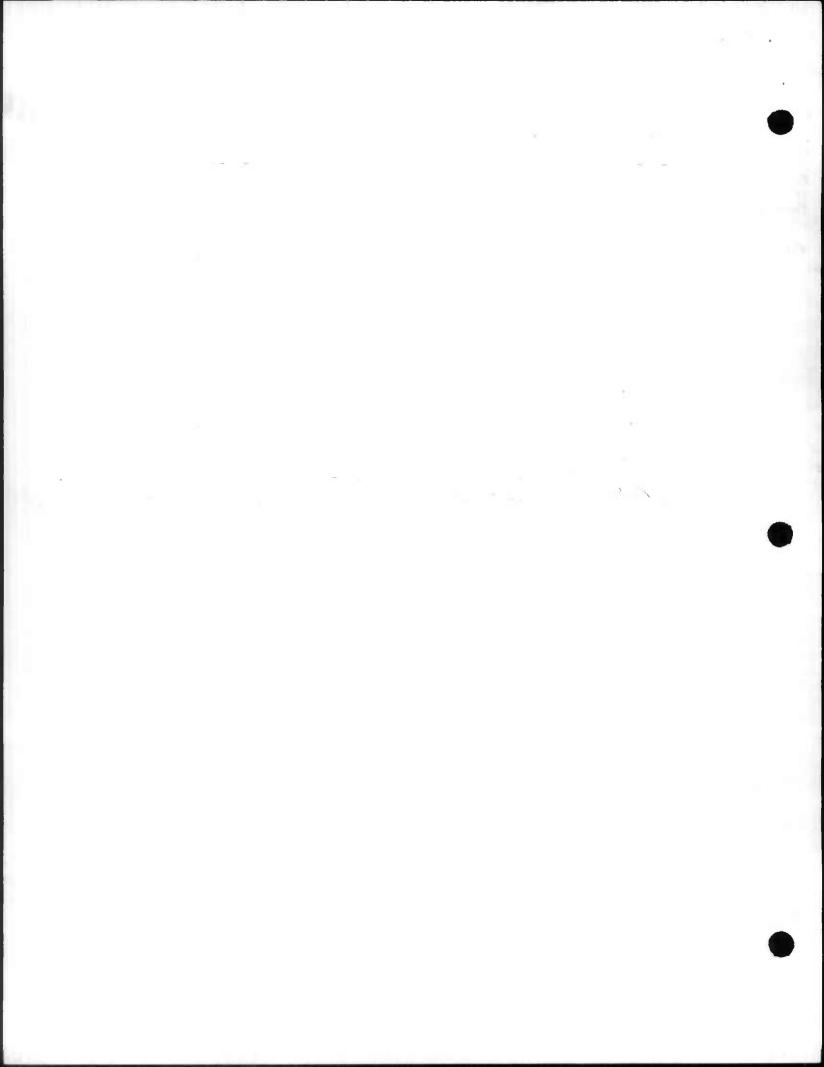


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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27-mours after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to find within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TALC	THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi he find within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	H H
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	FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	TMENT OF H		ENTAL HYGIENI REG. NO.	9.	05125
	1. DECEDENT'S NAME (First, Middle, Last) MARY	N.	JAMISON			2. DATE OF DEATH DAY 02 / 25	/ 199 <u>1</u>	3. TIME OF DEATH 11:40 P M
	4. SOCIAL SECURITY NUMBER 216-28-3446	5. SEX 6. / 1 M 2 XF	AGE (In yrs. lest birthday) 58 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 → 21 → 193	0	BIRTHPLACE (State or Foreign Country) Maryland
e l	90. FACILITY NAME (If not institution, give st THE JOHNS HOPKI		\L		ORE CITY	тн	9c. COUNTY	OF DEATH
FUNERAL DIRECTOR	100, STATE HOLD BANK	timore	10e. CIT	Y, TOWN OR LOCA	TION Dundal	L'k		10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	100. STREET AND NUMBER	ı	2.	10	I. ZIP CODE	000		OF WHAT COUNTRY?
BY FUNE	1924 JASMANE KOAC 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No			
COMPLETED BY	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th Grade		18a. DECEDENT'S (Give kind of v life. Do NOT us Cashie)		ON ost of working	iness/indust	RY	
	17. FATHER'S NAME (First, Middle, Last) Norman W. Scott				16. MOTHER'S NAM	NE (First, Middle, Melden Scott	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) James J. Jamison					oute Number, City or Town Baltimore,		1,222
	20s. METHOD OF DISPOSITION 1 & Burlet 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DISPOS Other place) Crest Lawi	n Cemete	ry 2/18/9	1 Sy	kesvil	or Town, Stata Le, MD
	21. BIGHARDIRE OF BUNERAL BERVICES IN	- fish	1	Duda	ND ADDRESS OF FAC	ieral Home enue, Balt	of Du	ndalk, Inc.
	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition pesulting in death)	List only one cause	on each line.				ratory arrest,	Approximata Interval Between Onset and Death
NO	Sequentially list conditions,	b. Record	holic and As a consequence of Wat R	Pilluka	Effer	un		14 mo
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. PAR	A fracteal	mass	P.T.			14 me
	PART II. Other significent condition		white PAN	0 11.			AllTORCY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	DRY Cony		an but not reading		g couce given in	PERFOF 1 YES 2	MED?	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	TACE OF DEATH (Che	ANTESON CALVON		
	27. MANNER OF DEATH 1 Netural S Pending	28s, DATE OF INJ (Month, Day,	JURY 26b. TIN	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	NJURY — At home, farm, . (Specify)	atreet, factory, offi	Ce .	261. LOCATION (Street and City or Town, State)	and Number or I	Rural Route Number,
COMPLETED	CONSCIN ONLY		knowledge, death occur ination end/or investigati					ause(e) and menner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ty mo			29c. LICENSE NUM	BER	29d. DATE 8	IGNED (Month, Day, Year)
욘	30. NAME AND ADDRESS OF PERSON WITH				ESPITAL	Balt. 1	vo) a	4209
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	.00 -				,

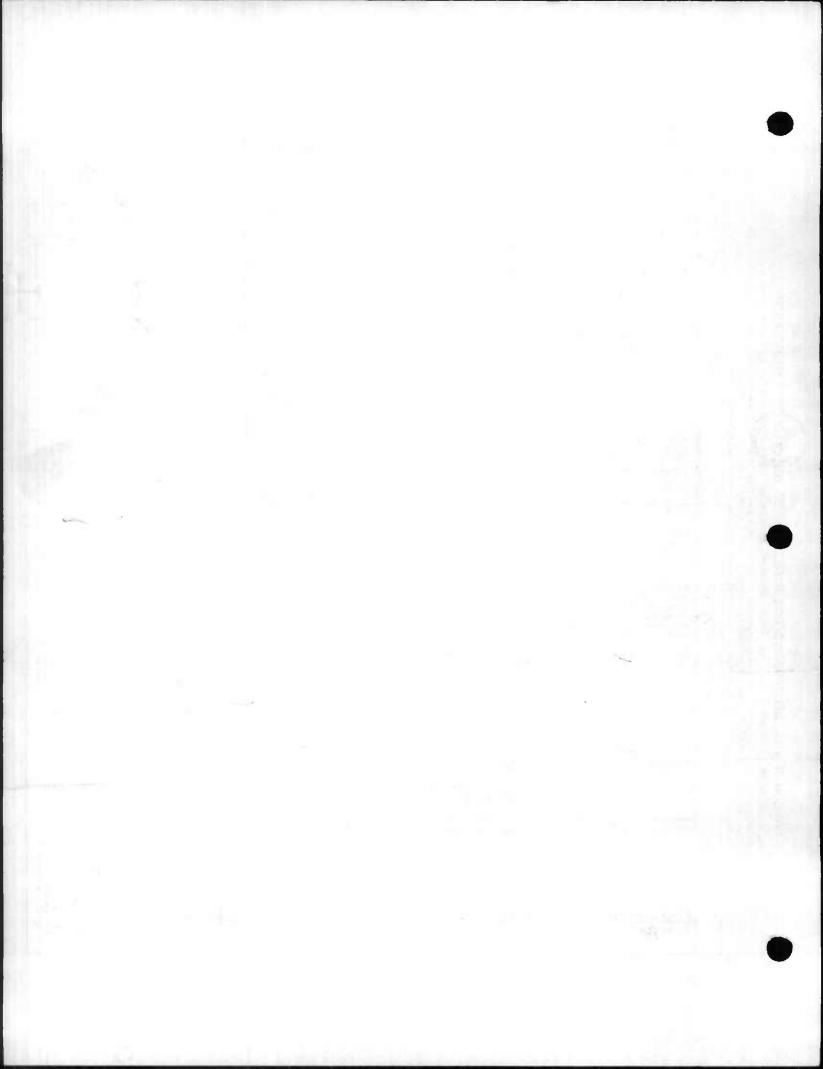
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	5	file
, c	SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page	NERAL DIRECTOR: After this certificate has been stoned by the attending physician and completely filled in by the funeral dire
2	execute	and c
DIVISION OF VITAL RECORDS, F.O. DOA 13140,	ficate be	physician
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nours after death. Percent and the properties of attending physician. In by the funera dimensioners should describe describe for use as the burial-transit permit. Pages 1, 2, 3 should or removal. medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not instituted as a part of the state of the sta
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within convoirs after death. Per THE FUNERAL ORECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral dimperial filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or hear shock, or hear immediateses or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant 25. WAS CASE REFERRED TO I EXAMINER? 1 VES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pe 2 Accident 3 Suicide 6 Co 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL 29b. SIGNATURE AND TITLE O

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	1	1088	2. DATE OF DEATH 2-25-9 1 VEAR 5: 12 A M						
	4. SOCIAL SECURITY NUMBER 5.					7. DATE OF BIRTN (Month, Dwy, Year) a. BIRTHPLACE (State or Foreign Country)				
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH R 11 #0									
	10d, INSIDE CITY									
	10a. STATE 10b. COUNTY Ba	Ho.	Ba	Lto.			1 TYES 2 THO			
	100 STREET AND NUMBER REEA	GAGE R	D.	2120	7	10g. CITIZEN O	SA			
	1 Never Merried 2 Married	Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Caban, N					PANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, Black, White, etc. Specify:			
		15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF 8								
	(Specify only highest grade con Elementary/Secondary (0-12)			65						
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surreme) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Royal Route Number, City or Town, State, Zip Code)										
										20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remova
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE/	o Dir	2. NAME AND ADDRESS OF FA		IN TOMAS	DO 2 DD			
Ronald S.Wade, Dir STATE ANATOMY BOARD 2/27/91 655 West Baltimore St, Balto.MD 212										
	23. BART I. Enter the diseases, or con shock, or heart failure. Lie IMMEDIATE CAUSE (Final	nplications that ceused tha d it only one cause on each lin		er the mode of dying, suc	h aa cerdiec or respir	etory arreat,	Approximate interval Between Onset and Death			
	Sequentially list conditions,	Sultiple	ikes.							
	if any, leading to immediate cause. Enter UNDERLYING	Arteur al	EOUENCE OF):	Cardine	anulor i	resers	· .			
	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):							
1	PART II. Other aignificant conditions	contributing to death but not	resulting in the	underlying ceuse given in	Part I. 24s. WAS AN / PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
5	Caragester	3 //	luce.		t TYES 2		COMPLETION OF CAUSE OF DEATH?			
. MED	- When	er process			_		1 YES 2 NO			
THI SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?									
2	1 YES 2 NO 1	Inpatient 2 ER/Outpatient 28a. DATE OF INJURY	3 DOA 4 P	hursing Home 5 Residence 28c. INJURY AT	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW IN	JURY OCCURE	OCCURED			
	t Natural 5 Pending	Natural 5 Pending (Month, Day, Year)		WORK?						
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — AI home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — AI home, farm, street, factory, office City or Town, State)									
COMPLEIED	(Check only	UN: To the best of my knowledge, On the basis of examination and/o					use(s) and manner ee stated.			
2	121210000000000000000000000000000000000									
	ALEJANDRO ME	EJIA, M.D.	P.A L	105 FREDRI	CKRD S	+ 100	BALLOMO			
	31. DATE (Morth, Day, Year)	32, REGISTRAR'S SIGNATURE					21228			



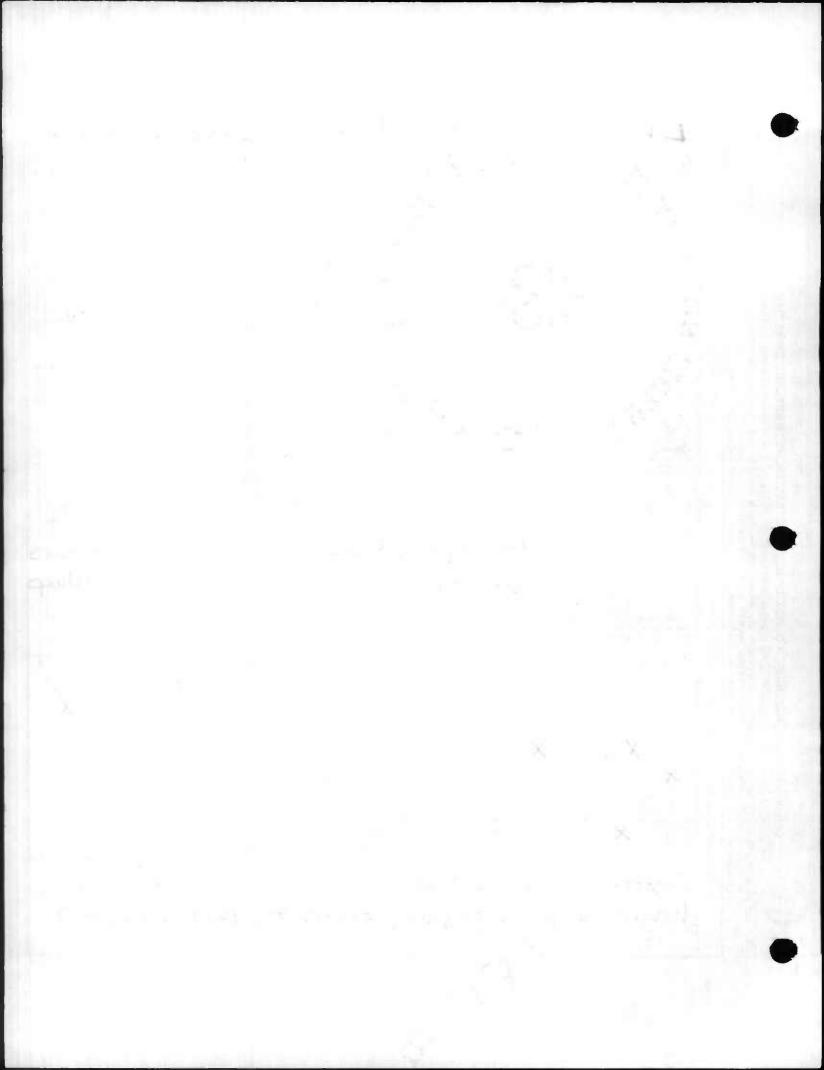
should

BOX 13146,	
BOX	
S, P.O. I	
RECORDS,	
OF VITAL	
DIVISION	

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to bunial, cremation, or removal.	TO BE COMPLETED BY FUNERAL DIRECTOR	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	i examiner must be notified at once.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 wal.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remi

91 05127 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGI REG.		05127
	1. DECEDENT'S NAME (First, Middle, Leet)	H. 1	neridi	th	2. DATE OF DEAT MONTH 2 - 2		ar 2:45 A M
	4. SOCIAL SECURITY NUMBER 455-07-9335	5. SEX 6. AGE (In	YRS. last birthday) IF UNDE MONTHS	A 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF SIRTH (Month, Day, Yea G-/6	1) 011	BIRTHPLACE (State or Foreign Country) TEXAS
¥	So. FACILITY NAME (If not institution, give s	treet and number)	9b. CH	Y, TOWN OR LOCATION OF D		9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	7	10c CLTY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?
- 1	10e. STREET AND NUMBER	- CX	Dart	101. ZIP CODE	′/	10g. CITIZEN	1 YES 2 □ NO OF WHAT COUNTRY?
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 13	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic			RACE — American Indien, Black, White, etc.
'n	1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEDENT'S EDU	IF YES, GIVE WAR OR DAT		1 TES 2 NO Speci	fy:	BUSINESS/INDUST	specify: Black
LETED	(Specify only highest grade	Completed) College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.	during most of working	lou. Kino oi	303WE33/W003	
COMPL	17. FATHER'S NAME (First, Middle, Last)	6:11	House		AME (First, Middle, Mi	alden Surname)	
IO BE	19e, INFORMANT'S NAME (Type/Print)	oreHan	19b. MAILING ADDRES	SS (Street and Number or Rural	Route Number, City o	Rown, State, Zip Co	on) 4d 2/2/6
	20a, METHOD OF DISPOSITION 1 Sourial 2 Cremation 3 Rem Connection 5 Other (Doctor)	20b.	PLACE OF DISPOSITION (Fother place)	Jame of cometon, cromatory or	Con 20	c LOCATION - GITY	
	21. SIGNATURE OF FUNERAL SERVICE A	CENSEE CL. LON	710407	NAME AND ADDRESS OF F	ACILITY ST	6 1	/ CA45
	23. PART I. Enter the diseases, or			or the mode of dying, su	ch as cardiac or	respiratory arrest	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	Bradi	a cies di	4			Onset and Death
_	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:				Fdays
RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A	CONSEQUENCE OF):				
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
CAL CE	PART II, Other significant condition	na contributing to death be	ut not resulting in the	underlying cause given i	PE	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC					' ' '	ES 2 NO	OF DEATH?
Ä	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF OEATH (Check only one)		
딣	EXAMINER 1 YES 2 NO	HOSPITAL: 1 N Inpatient 2 ER/Outp	etient 3 DOA 4 DA	ER: ursing Home 5 - Residence	6 Other (Specif	()	
Ξ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b, TIME OF	28c. INJURY AT WORK?		IOW INJURY OCCU	RED
BY	Natural 5 Pending 2 Accident Investigation	(world, Dey, 1927)	M	1 TES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atreet, fi	actory, office	28f. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,
COMPLETED	(Check only	SICIAN: To the best of my knowl	*				
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER		29c. LICENSE N	UMBER	29d, DATE S	NGNEO (Month, Day, Year)
TO BE	Smothe Da	inburse 1	40			12/	25/91
-	University o	THO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	reen S	t., Bus	tim or	LE, MD
	FLB 28 1991	Julia Davidson	Mandelle				



	FOR 1 - STATE REGISTRAR		STATE OF N		D / DEPAR CERTIF					MENTAI	HYGIEN	E	9	05128
	1. DECEDENT'S NAME (First,	Middle, Last)	JAMES		H MULLI		-				OF DEATH			3. TIME OF DEATN
	James	л.	Mulli							MONTI 2	/26/1		YEAR	12:10 AM
	4. SOCIAL SECURITY NUMBI		6. SEX		s. lest birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTNP	LACE (State or Foreign
	213-05-590	7	1 M 2 D F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	4	10/19	nn l	Mary	yland
	9a. FACILITY NAME (If not ins			,,,		9b. CITY,	TOWN O	R LOCATA	ON OF PE	ATH	10/1/		TY OF DE	
e e	Stella Mai	ris				Bai	lti	ם חחד	OWSC)N arv	land	В	alt	imore
DIRECTOR	RESIDENCE OF DEC	EDENT	,		1 40 - 677	Y, TOWN OF			, , , ,		200			
E I			timore			WSON	LOCAL	ION						10d. INSIDE CITY LIMITS?
1 1	Maryland 10s. STREET AND NUMBER	Dal	TIMOTE		1,0	W 2 OII	101	ZIP COD				10a CITI	ZEN OF WI	1 YES £\{\frac{1}{4}\text{NO}}
FUNERAL							100	2120	-					HAI COUNTRY?
밀	8011 York R	oad	12 WAS DECEDED	T EVER IN III	ADMED	1 40 11	2000			10 001011	? (Specify Yes	US		A TOTAL CONTROL OF
BY FU	1 Never Married 2 3 Nover Married 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V			H	yes, spe	cify Cube		n, Puerto 1	ir (specny tee Rican, etc.)	or No-	Black, Specify	American Indian, White, etc.
8		EDENT'S EDU		16:	a. DECEDENT'S	USUAL OC	CUPATIO	N		16b	KIND OF BUS	INESS/IND	USTRY	
E	(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5	4)	(Give kind of a	work done di se retired.)	uring mos	st of worldi	ng					
COMPLET	8	-			Transpo	ortat	ion	Mana	ager	3	Bottli:	ng		
0	17. FATHER'S NAME (First, Mil	iddle, Last)			·			18. MOT	HER'S NA	ME (First, I	Middle, Maiden	Sumame)		
BE C	James Berna	rd Mul	ligan					Ca	ather	rine	O'Con	nell		
	19s. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Num	ber, City or Town	n, State, Zip	Code)	
2	James J. Mu					0				ppa N	Maryla	nd 21	.085	
	20s. METHOD OF DISPOSITION 1 DONATION 6 OTHER	ON n 3 □ Rem (Specify)	oval from State	20b. PL off M O	ACE OF DISPO	Memo	ria]	Par	natory or				city or Tow	n, Stata aryland
	21. SIGNATURE OF FUNERAL Dennis	SERVICELIC	naks								ell-Wi			ome nd 21212
	23. PART I. Enter the di	seeses, or e port failure.		use on eech	ilne.	not enter	the mo	de of dy					_	Approximate interval Between Onset and Death
RTIFICATION	Sequentielly list conditi- if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or inju- that initiated events resulting in death) LAS:	diata NG ry	C	(OR AS A CO	PHSEQUENCE O									
問目	No.		d											1
4: MEDICAL	PART II. Other algnifice	nt condition	a contributing to	deeth but	not resulting	in the unc	derlying) cause	given in	Part I.	24e. WAS AN PERFOR 1 TYES 2	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO	MEDICAL			/		26. PL	ACE OF D	EATN (Ch	eck only or	10)			
S	EXAMINER?		HOSPITAL:	☐ ER/Outpatie	ent 3 🗆 00A	OTHER VI Nurs		• 6 □ B	esidence	6 🗆 Othe	er (Specify)			
PHYSICIAN	37.000	Pending	26s. DATE OF	F INJURY Day, Year)	765. TIN		28c. INJ WO				SCRIBE HOW I	NJURY OC	CURED	
ETED BY	3 Suicide 6	Investigation Could not be determined	28e. PLACE (building,	OF INJURY — , etc. (Specify)	At home, term,	street, facto	ry, offic				ATION (Street or Town, State)		or Rural Ro	oute Number,
COMPLE			CIAN: To the best of											and manner se stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	R				- 1	29c. pic	ENSE NUI	AGER 4			E SIGNED (2/26)	(Morith, Day, Year)
2	30. NAME AND ADDRESS OF	DEDGON WIL	O COMPLETED CALL	IOE OF DEATH	UTEM 220 Class	0-1-4		-	_				-/ 40,	/ / 1

21204

Valley Rd. Towson, Md.

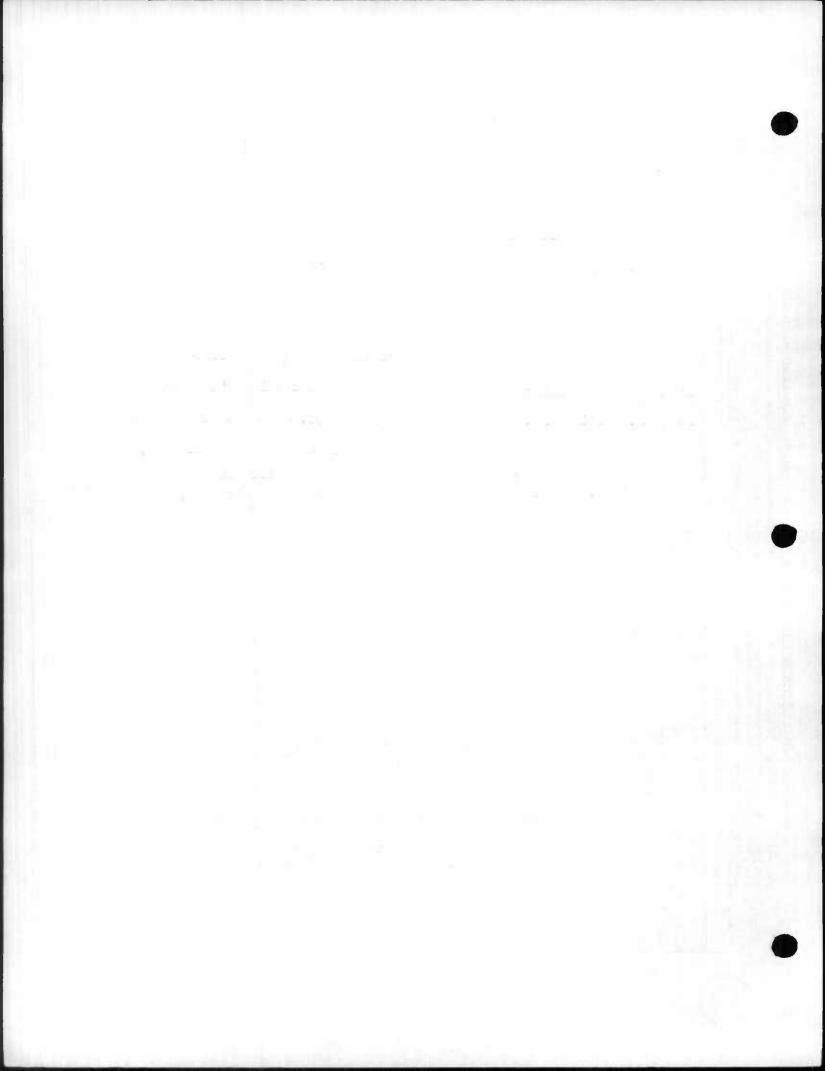
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Eddi

1991

FEB 28

Chuda . 3300220 ulaney



	TO THE HOSPITAL DR ATTENDING PRYSICIAN: The law requires that the death certificate be executed writing to be a completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 6	STATE OF MARYLAND /	DEDARTMENT	OE UCAITH AND	MENTAL MAGIEM	. 9 j	1 05129
	1 - STATE REGISTRAR			OF DEATH	REG. NO.		00165
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DATE	YEA	3. TIME OF OEATH
		YERS SEX , 8. AGE (in yrs. last	birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	02-25-91 7. DATE OF BIRTH	I a B	HRTHPLACE (State or Foreign
	2012	DM 2 □ F 5/	YRS. MONTHS	DAYS HOURS MIN.	JULY 23, /		ountry)
	Sa. FACILITY HAME (If not institution, give street	and number)	9b. CIT	, TOWN OR LOCATION OF C		9c. COUNTY	OF OEATM
0 E	PRINCE GEORGE'S HOS	PITAL CENTER	C	HEVERLY		PRINCE	F GEORGE'S
DIRECTOR	10a. STATE 10b. COUNTY	0	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?
	MARYLAND PRINCE	GEORGES	UPPER	MARBORD			1 TYES 2 HO
FUNERAL	100. STREET AND HUMBER	V /		10f. ZIP CODE	0		OF WHAT COUNTRY?
JNE		ON OF: . WAS DECEDENT EVER IN U.S. ARI	MED 13.	WAS DECENDENT OF HISPA	7	U, 5.	RACE — American Indian.
	1 Hever Married 2 Married	FORCES? 1 YES 2 WH IF YES, GIVE WAR OR DATES		If yes, specify Cuben, Mexic 1 TES 2 TO NO Spec	tan, Puerto Rican, atc.) //y:		Black, White, etc. Specify:
D BY	3 Widowed 4 Divorced					10	White
ETE	15. OECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	(Gh inpleted) (Gh itte.	CEOEHT'S USUAL C lve kind of work done Do NOT use retired.)	during most of working	16b. KIND OF BU	SIME 35/IMDUST	ST
PLE	12	ELEC	CTRICAL	Contencto	e BuiLDI	Ng	
COMPL	17. FATHER'S NAME (First, Middle, Last)	2			AME (First, Middle, Maiden	/	2.9
H	CLAIR ALLEN /11	YERS		LOUIS S (Street and Number or Rura		NghAI	
2	19a. INFORMANT'S HAME (Type/Print) Sept A MC NE	-y /6		MBLE FON	1100	MODRA	RO MA 2012
	20a. METHOD OF DISPOSITION	20b. PLACE	OF DISPOSITION (A	eme of cemetery, crematory or		CATION — City	
	1 D Burial 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	YORK	KOAD (EMETERY		NOVER	
	21. SIGNATURE OF FUHERAL SERVICE LIDENS	SEE	22	NAME AND ADDRESS OF F	BERLY FO	WERAI	Home, INC.
- 11	X fley M. Den	refetter		04W. MAINS	T. DALLAS	town, t	A 17313
	23. PART I. Enter the diseases, or com shock, or heart failure. List	tonly one cause on each line.).				interval Between
	iMMEDIATE CAUSE (Finel disease or condition	Metastatic OUE TO (OR AS A CONSEC	aden	carcinan	a sovolv.	ha his	Onset and Death
	resulting in death) a	OUE TO (OR AS A CONSEC	OUENCE OF):		and la	3	
z		Aderocarcine	ula of	lung		8	
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	OUENCE OF):				
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSEC	OUENCE OF):			-	
	resulting in death) LAST						
S	PART II. Other algnificant conditions of	contributing to death but not r	requiting in the s	nderfying cause given i	in Part I. 24a, WAS AI	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	TAIT III OUT IN INTERNATION OF THE PARTY OF	ontrouting to down but not	osoning in the c	ndorrying dadao giron	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
IEDI						2 12110	OF DEATH? 1 YES 2 HO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	ОТНЕ	26. PLACE OF DEATH (Check only one)		
YSI	1 TYES 2 W NO 1	Inpatient 2 ER/Outpatient 3	DOA 4 N	rsing Home 5 - Residenc			FD.
РНУ	27. MAHNER OF DEATH 1 Metural 5 Pending	28s. DATE OF IMJURY (Month, Day, Year)	28b. TIME OF IHJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	EO
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF IHJURY — At ho	ome, farm, street, fa	- 80/4 1-30	261. LOCATION (Street	and Number or I	Rural Route Number,
TED	4 Homicide determined	building, etc. (Specify)			City or Town, State	")	
COMPLET	Criedik drilly	N: To the best of my knowledge, de	eath occurred at the	time, data and place, and d	lue to the cause(s) and m	anner as stated.	ļ
OM	one	On the basis of examination and/or	Investigation, in my	opinion, death occured at t	he time, date and place, o	and due to the c	suse(s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ian . 2 . M	0.	29c. LICENSE N			GHED (Month, Day, Year)
10	30. HAME AND ADDRESS OF PERSON WHO		M 27) (Type, Print)	034	300	1212	4/91

31. DATE FILED (Month, Day, Year) FEB 28 1991 June Daydon- handele

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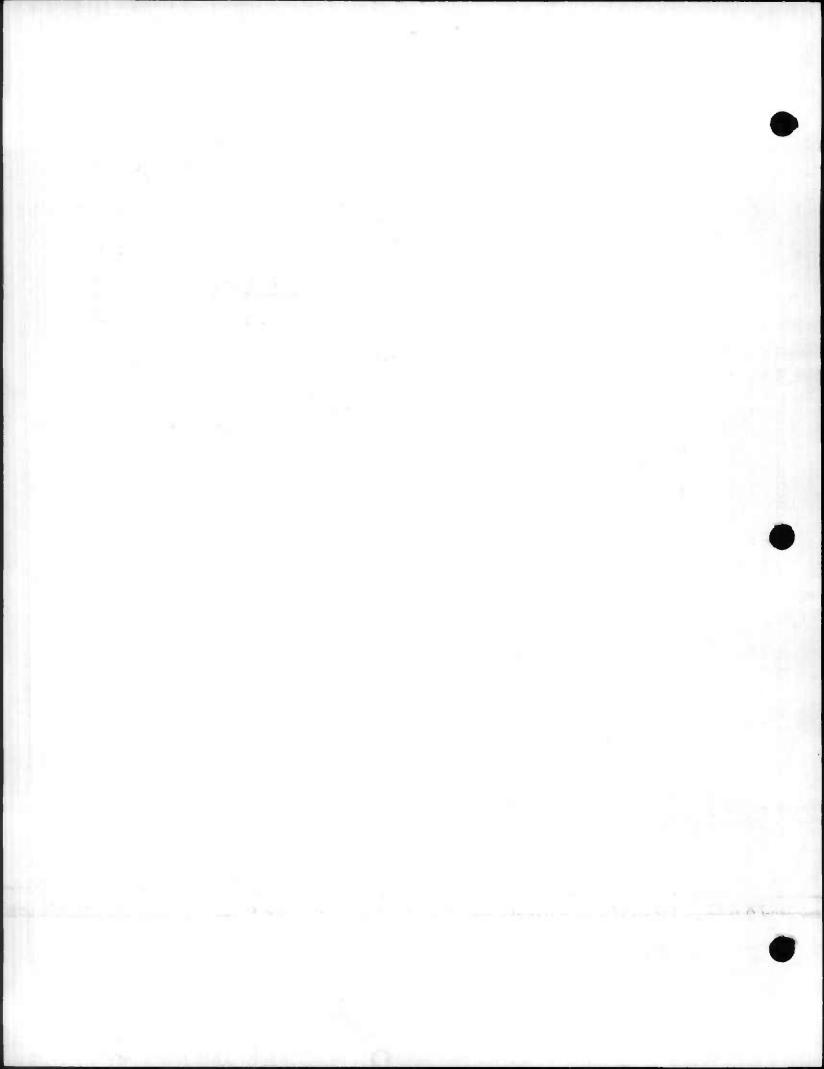
· Hayar, Jr.

George

SOH WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Sype, Print)
- Hallar, Jr. Mo 4850 Forbes Rhd. Lanham, Md

DHMH-16 Rev 1/89

20706



3. TIME OF DEATH
4:03

Approximata Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

RYAVXKKARKRE

8. BIRTHPLACE (State or Foreign Country)

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Beth

	NV
ó	within
1	executed
<	8
0.00	law requires that the death certificate be executed within 2
<u>.</u>	death
2	the
Ę	that
200	requires
	WE
4	F
2	PHYSICIAN-
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	SPITAL OR ATTENDING PHYSICIAN. The
\leq	a
	CPITA!

_		4. SOCIAL SECURITY NUMBER 214-15-8866	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. 7.	(Month Day Year)	17 Cou	THPLACE (State or Foreign Intry) LYLAND
2, 3 should	TOR	96 FACILITY NAME (If not institution, give at	POT AN HO	SPITAL	BALT	OR LOCATION OF DEATH	ma	R 230	
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY Maryland			rown or Loca	ie			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
15	BY FUNERAL	10e. STREET AND NUMBER 6013 Senton Ave. 11. Marital status 1 🖄 Never Married 2 🗌 Married 3 🗍 Widowed 4 🗍 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	13. WAS DEC	21214 CENDENT OF HISPANIC Decity Cuban, Mexican, Fis 2 N NO Specify:		US 1 or No.— 14. R/BI	ACE — American Indian, sek, Whita, stc.
urs after death, Page 6 may be retained by the hospital or attending physician, in by the funeral director, page 5 should be detached for use as the burlat-tran removal.	ETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentery/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo etired.)			siness/industri	
ed by the hospit nid be detached ed at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Paul J. Marshnes 19a. INFORMANT'S NAME (TypesPrint)	l			18. MOTHER'S NAME Christ and Number or Rural Rou	(First, Middle, Melden ina Ebert	Surname)	
ay be retained page 5 should be notified	5	Paul J. Marshner		6013	Sefton	a Ave., Ba	ltimore,	MD 212	
age 6 may director, p		20 METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	ovel from State	Parkwood (Cemeter	ıy	Ва	cation — chy or Utimo re	, MD
ter death. Page 6 m the funeral director, oval.		Heory G	tetal		ROBER 6009	IND ADDRESS OF FACIL RT C. ALTEI Harford Ro	NBURG FUN d., Balti	IERAL HO Imore, M	ME, INC. D 21214
filled jon, o		28. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARDI		ARR	EST	a cardiac or raspi	iretory arreat,	Approximate Interval Betwee Onset and Das
and to bur	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	HYPOT	A CONSEQUENCE OF):	0N 0N	, PROFI	USE B EOSIS	LEEDI	NO
that the d led by the th and Me any Injur	MEDICAL CE	PART II. Other algoliticant condition	a contributing to death t	but not resulting in	tha undarlyir		ort I. 24a. WAS AN		24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
The law ite has b ate Dept.	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	PLACE OF DEATH (Check			1 PES 2 NO
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certifica be filed within 72 hours after death with the St IMPORTANT: If Item 28 is marked, or it	BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c, IN W	JURY AT PORK? YES 2 NO	6d. DEŞCRIBE HOW		
L OR ATTENDING P DIRECTOR: After thours after death	ETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Spe	Y — At home, farm, str ocify)	eet, fectory, offi	ice 2	8f. LOCATION (Street City or Town, State		ral Route Number,
HOSPITAL OR A FUNERAL DIRE WITHIN 72 hours	COMPL	CONTROL ONLY	CIAN: To the best of my know						se(a) and menner as stated.
TO THE HOSPITAI TO THE FUNERAL De filed within 72 IMPORTANT: II	ro BE (296. SIGNATURE AND TITLE OF CERTIFIED	MIHYV	, m. D	., PGY	29c. LICENSE NUMBI	ER	DO31	19ED (Morth, Day, Year) 24/91
	-	PG X-T	OUSE OF	FICE R	in Go	of Samo	ariton i	Hapila	l, Ralt, me

32. REGISTRAP'S SIGNATURE

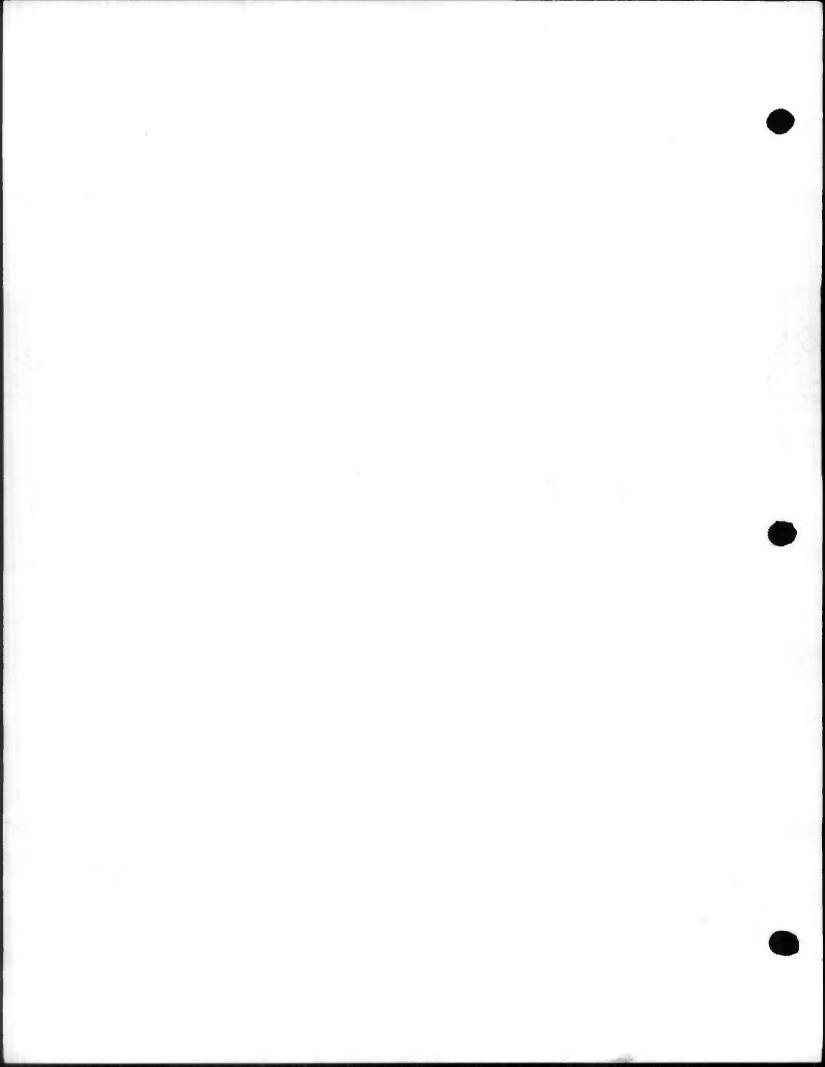
Q1 Julia Davidson Rander

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH

DHMH-16 Ray 1/89





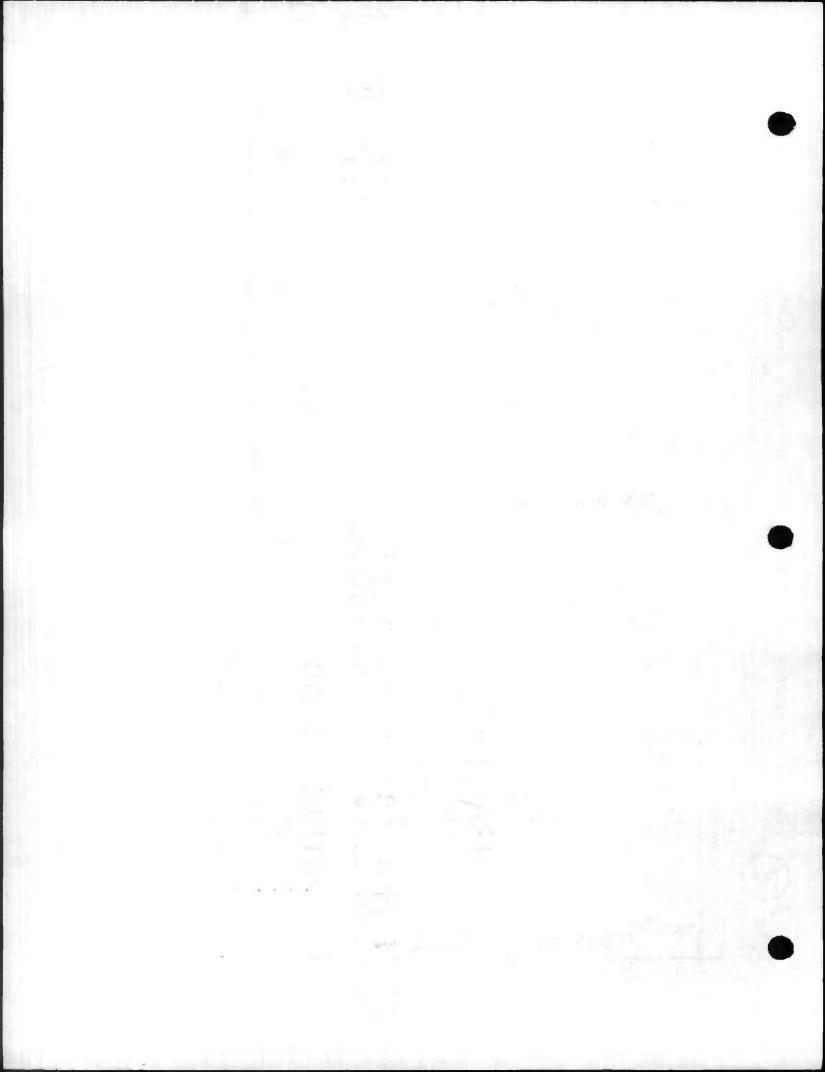
TO BE COMPLETED BY FUNERAL DIRECTOR

TOTATE HOSPITAL OF ATTENDIOR PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Page 6 may be retained by the hospital or attending physician. The law requirement between the page 6 may be further than the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be defaulted after the State base of the attending physician to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE O	F DEATH		REG. NO.		
DECEDENT'S NAME (First, Middle, Lest)			150		2. DATE (OF DEATH DAY	YEAR	3. TIME OF DEATH
DETRON	L.		NELSON		М ОДТН		9ET	3:30 A
social security number 14-80-7713	5. SEX 6. At	GE (In yrs. last birthday) 16 YRS.	MONTHS DAY		7. DATE C	PER 1974	8. BIRTI Count	PLACE (State or Foreign Md
FACILITY NAME (If not institution, give si				N OR LOCATION OF D		9c. (COUNTY OF I	DEATH
ESIDENCE OF DECEDENT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2110103 021				
Md 10b. COUNTY	1	,	ry, TOWN OR LO					10d. INSIDE CITY LIMITS? 1 YES 2 NO
21 Shadwell Co	urt			101. ZIP CODE 21207			S A	WHAT COUNTRY?
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes,	DECENDENT OF HISPA apacity Cuban, Maxic (ES 2 NO Speci	an, Puerto R	? (Specify Yea or No ican, etc.)	- 14. RAC Blac Spec	E — American Indian, k, White, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	16b.	KIND OF BUSINESS	3/INDUSTRY	
FATHER'S NAME (First, Middle, Last)						liddle, Malden Surnar		
Allan Nelson				Earl	ene	Whitwort	h	
Bernard Hill				et and Number or Rural 1 Court				7
A METHOD OF DISPOSITION A Burlel 2 Cremation 3 Rem Donation 8 Other (Specify)	oval from State	20b. PLACE AND DAT	e of Dispositi	on (Name Cemeterv	DATE	20c. LOCATION		
SIONATURE OF FUNERAL SERVICE LIC	CENSEE			AND ADDRESS OF F			,	
> Gladus	Waren			rch F/H W		nue		
equantially list conditions, any, leading to immedista huse. Enter UNDERLYING AUSE (Disease or injury lat initiated events	С	AS A CONSEQUENCE (AS A CONSEQUENCE (AS A CONSEQUENCE (
ART II. Other significant condition	d	th but not resulting	in the underl	ying cause given in	Part i.	24a, WAS AN AUTO PERFORMED? 1 YES 2 N		b. WERE AUTOPSY FINDI ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
	HOSPITAL:		OTHER:	L PLACE OF DEATH (C	heck only on	9)		
WAS CASE REFERRED TO MEDICAL EXAMINER?		Outpetlant 2 - DOA		Home 5 - Residence				
EXAMINER? 1 X YES 2 NO	1 Inpatient 2 ER/					CRIBE HOW INJURY		
EXAMINER? 1 X YES 2 NO MANNER OF DEATH	1 Inpatient 2 ER/	PRY 28b. Til	JURY	INJURY AT WORK?	1200		_	
EXAMINER? 1 N YES 2 NO MANNER OF DEATH 1 Netural 5 Pending 1 Accident Investigation	1 □ Inpatient 2 □ ER/ 28e. DATE OF INJU (Month, Dey. Ye 02/25/9	28b. Til (ar)	M 1	WORK?	SUE	JECT SHO	T	Route Number
EXAMINER? 1 N YES 2 NO MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	1 □ Inpatient 2 □ ER/ 28e. DATE OF INJU (Month, Dey. Ye 02/25/9	RY 28b. Till 1h	M 1	WORK?	SUE 281. LOC. City		T umber or Rural	
EXAMINER? 1 N YES 2 NO MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined a. CERTIFIER (Check only) 1 CERTIFYING PHYS.	28e. DATE OF INJU (Month, Dey, 16 02/25/9 28e. PLACE OF INJU (Month, Dey, 16 02/25/9 28e. PLACE OF INJU (Month, Dey, 16 colored to the best of my k	IRY 28b. Till Ih IURY — At home, farm, specify)	M 1	WORK? YES 2 NO office	SUE 281. LOC. City of 110	SJECT SHO ATION (Street and No or Yown, State) 1 ORLEAN ree(a) and manner a	OT umber or Rural N STRE a stated.	ET(1K)
MANNER OF DEATH Netural 5 Pending Investigation Suicide 6 Could not be determined Check only one 2 MEDICAL EXAMINE	28e. DATE OF INJU (Month, Day, 16 02/25/9 28e. PLACE OF INJU building, etc. (ICIAN: To the best of my k ER: On the basis of examin	IRY 28b. Till Ih IURY — At home, farm, specify)	M 1	WORK? ☐ YES 2 NO Office deta and place, and du in, death occured at th	SUE 28f. LOC. City (110 e to the cau e time, date	SJECT SHO ATION (Street and No or Town, State) 1 ORLEAN ree(a) and manner a and place, and dua	OT Imper or Rural N STRE a stated. to the cause	ET (1K)
EXAMINER? 1 N YES 2 NO MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined a. CERTIFIER (Check only)	28e. DATE OF INJU (Month, Dey. Ve O 2 / 2 5 / 9 28e. PLACE OF INJU building, etc. (CICIAN: To the best of my k ER: On the basis of examinating	IRY 28b. Till 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M 1 1 street, factory, o	WORK? YES 2 NO office	SUE 287. LOC. City: 11C e to the cau e time, date	SJECT SHO ATION (Street and No or Town, State) 1 ORLEAN ree(a) and manner a and place, and dua	OT Imper or Rural N STRE a stated. to the cause	ET(1K) (a) and manner as state D (Month, Day, Year)



10 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. As after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degt. of Health and Mental Hygiene prior to burial, oremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAN		<u> </u>	-111111	OAIL	. 01	DEA		ne.	G. NO.			
1	1. DECEOENT'S NAME (First, Middle, Last) Margaret	Ann	OH.	ARE					2. DATE OF OR FED	EATN PA	, 199	91EAR	3. TIME OF DEATH 1:46 PM
	4. SOCIAL SECURITY NUMBER 163 16 4172	5. SEX	6. AGE (In yrs. les		IF UNDER	t YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI	1920	0	8. BIRTH	PLACE (State or Foreign y) DNO a
~	9a. FACILITY NAME (If not institution, give s							ON OF DE			9c. COU	NTY OF D	
5	Franklin Sq. Ho	spital				Q85	ville	3			Du	CIIII	510, 00.
DIRECTOR	10a. STATE 10b. COUNTY	Ltimore		10c. CITY	, TOWN O	R LOCAT	on Quar	ters					10d, INSIDE CITY LIMITS?
A.	10e. STREET AND NUMBER			1		101	. ZIP COD				10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	1107 Cold Sp				_		212					USA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. AR I YES 2 L MAR OR DATES	RMED NO	1	f yes, sp	ecify Cuba	n, Mexicar Specify	IC ORIGIN? (Sp. 1, Puerto Ricen, :	ecify Yea etc.)	or No-		E — American Indian, k, Whita, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	CEDENT'S	vork done d			19	16b. KIND	of Bus	O× S	DACE	
PLE	Elamentary/Secondary (0-12)	College (1-4 or 5	+)	Asset		r						P	
OM	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle				
BE C		m Lynch							ret Gr				
2	19a. INFORMANT'S NAME (Type/Print) Michael O'Hare	, Son	19	1107					Balt				0
	20e. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE	of dispos	ll M	emor	ial	Gard		Bal	timo	City or To	o., Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC		enshi						neral				(4 03 003
-	23. PART I. Enter the disesses, or	complication th	at named the de	aeth Do s				rn A				e. M	d. 21221 Approximate
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only ona ca	S OOR AS A CONSE	a.		una mo	da or dy	ing, suci	Tam Caronac v	or reap	iotory an	Tout,	intarval Between Oneat and Death
z		DÚE TO	OR AS A CONSE	OUENCE OF	F):								
ATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	OUENCE OF	F):								
MEDICAL CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
빙		g,						-00					
ICAL	PART II. Other significant condition Diabetes -Mell	ns contributing to 1t1S	death but not	resulting i	In tha un	derlyin	g causa	given in		PERFOR		248	AWAILABLE PRIOR TO COMPLETION OF CAUSE
MED	Cellulitis								_ ``	_ , ,	χ		DF OEATN? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	Г				26. P	ACE OF I	EATN (Chi	eck only one)				
딣	EXAMINER?	HOSPITAL:	☐ ER/Outpatient :	3 □ DOA	OTHE!	R:			8 Other (Spi	acifu)			
PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5 Pending	28s. DATE O		28b, TIM		28c. IN.	JURY AT DRK? YES 2 [28d. DESCRIE		NJURY OC	CURED	
FED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE building	OF INJURY — A1 h	ome, farm, s	atreet, fac	tory, offic	:0		281. LOCATION			or Aurai	Route Number,
COMPLET	one)	ICIAN: To the best of											
	2 MEDICAL EXAMINI		exemination and/or	Investigation	on, In my o	opinion,		ENSE NUI		place, ar			a) and manner as stated. D (Month, Day, Year)
TO BE	Jun	my.	20	My	m	2		N7			•		
-	30. NAME AND ADDRESS OF PERSON WI James Daughe		use of death (iti 9000 f			Squa	are D	rive	, Balt	imor	e, M	id 21	.237
		12 a David											

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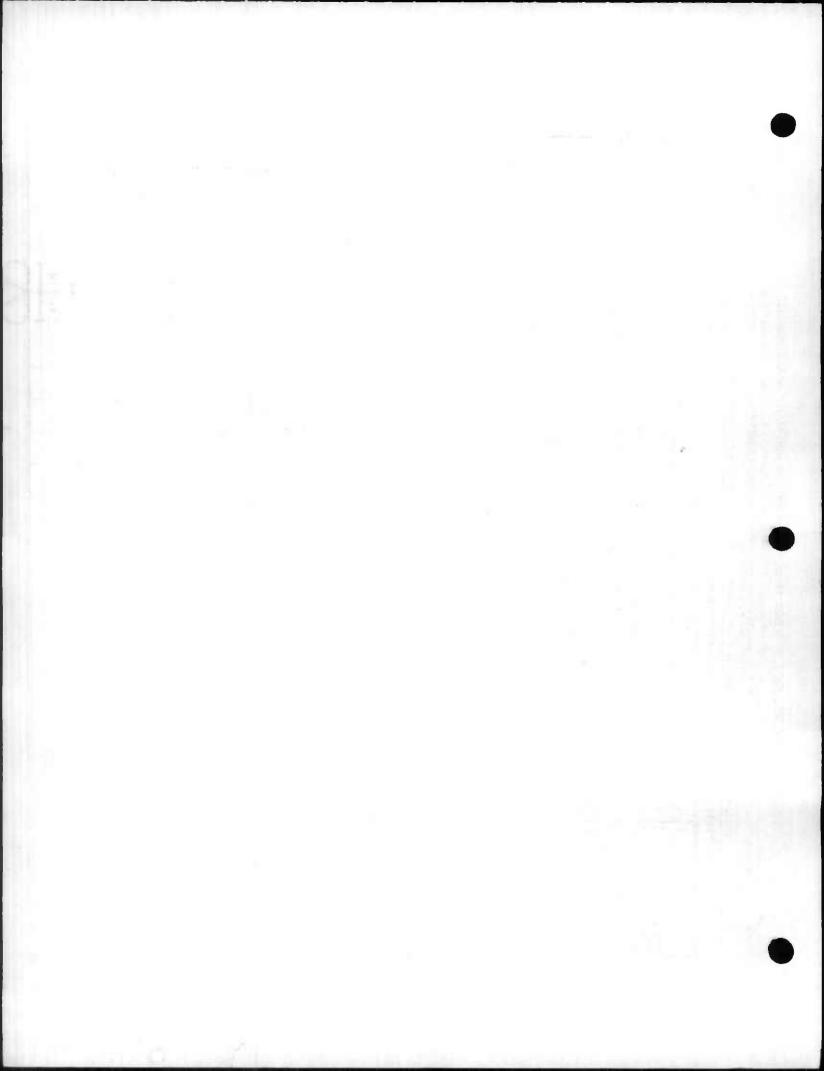
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augher"

	1. DECEDENT'S NAME (First, Middle La.	11)							2. DATE			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	reiss	n yrs. last birth	ded s unos	R t YEAR	IF UNDER	94 MBC	2	2,		BIDT	HPLACE (State or Foreign
	270-12-7713	1 M 2 X F	a. AGE (III	D9 4	MONTHS	DAYS	HOURS	MIN.		-08-01 -628-6		Count	ry)
	So. FACILITY NAME (If not institution, give			0 1	9b. CIT	Y, TOWN C	OR LOCATI	ION OF DE	- 0	0 0	9c. COUNT		ryland DEATH
<u>م</u> ا					-								
[윤	St. Agnes Hospi	Lal				Balt		3					
DIRECTOR	10a. STATE 10b. COU	NTY		100	. CITY, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	Md . 10e. STREET AND NUMBER				Balt		E COD	-			400 CITIZE	EN OF 1	1 YES 2 NO
RAL	Arron Park Rd.	An+ 103					21229				-		WIAI COOKINI
FUNER	11, MARITAL STATUS	12. WAS DECEDE	NT EVER IN	U.S. ARMED	13				NIC ORIGII	1? (Specify Ye	USA s or No- 1	14. RAC	E American Indian,
	1 Never Merried 2 Merried	FORCES? IF YES, GIVE	1 YES	2 NO		If yes, sp	ecify Cubi		n, Puerto	Rican, elc.)		Spec	ck, White, etc. offy:
8	3 Widowed 4 Divorced	2-11/8-30-11					7,0						White
밀	15. DECEDENT'S E (Specify only highest gr			(Give kir	NT'S USUAL	during mo	ON ost of work	ing	168	, KIND OF BU	ISINESS/INDU	ISTRY	
=	Elementary/Secondery (0-12)	College (1-4 or 5	5+)		OT use retired.	,				**			
COMPLET	17. FATHER'S NAME (First, Middle, Last)			HOME	emaker		10 1400	HED O NA	MF (First	HOME Middle, Melden	Sumamel		
0	Frederick Reehle 190. INFORMANT'S NAME (Type/Print)	er.		19b. MA	ILING ADDRE	SS (Street e	end Numbe	OFFICE or or Rural	Route Nurr	Der, City or Tov	vn, State, Zip (Code)	
	John Preiss Tr			103	3 Elm	Rd.	Balt	to.,	Md.	21227			
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 R	Jamouril from State	20b	o. PLACE OF D other place)	ISPOSITION (Vame of ce	metery, cre	matory or		20c. LC	OCATION — C	Aty or T	own, State
	4 Donation 5 Other (Specify)			Lorrai						Woo	dlawn,	Mc	٩
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		//	1	3116		ESS OF FA			_		
	to be of			Me.	1 4	Amoro	ose b	'uner	ral H	lome, 21227	Inc.13	328	Sulphur S
0	IMMEDIATE CAUSE (Final disease or condition	re. List only one co		ach line.		er the mo				diac or reap	oiratory arre	est,	Approximata Interval Batw Onset and De
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE T	REM TO (OR AS A	A CONSEQUEN	AIUK	er the mo					piratory arre	est,	Interval Batw
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediata	a. DUE T	REM TO (OR AS A	ach line.	AIUK	er the mo					piratory arre	est,	Interval Batw
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WPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or injury that initiated events resulting in death injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that initiated events resulting injury that i	a. DUE T b. DUE T c. DUE T d	TO (OR AS A TO (OR	A CONSEQUENT A CON	CE OF): CE	28. P 28. IN 28. IN 28. IN 28. IN 28. IN 4. In actory, offi	PLACE OF me 5 I I JURY AT ORK? YES 2 te end plat death occ	given in	Part I. S Ott	24a. WAS A PERFO 1 YES Per (Specify) ESCRIBE HOW CATION (Street or Rown, State or Rown, Row	N AUTOPSY PRIMED? 2 NO NO INJURY OCC t end Number o)	24 DURED or Rural ed.	Interval Batw Onset and Do No. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the initiated events resulting in death) LAST PART II. Other algnificant conditions in the initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	a. DUE T b. DUE T c. DUE T d. Tone tone contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contribution to the contri	OF AS A TO (OR AS	A CONSEQUENT A CON	CE OF): CE	28. P 28. IN 28. IN 28. IN 28. IN 28. IN 4. In actory, offi	PLACE OF me 5 I I JURY AT ORK? YES 2 te end plat death occ	given in	Part I. S Ott	24a. WAS A PERFO 1 YES Per (Specify) ESCRIBE HOW CATION (Street or Rown, State or Rown, Row	N AUTOPSY PRIMED? 2 NO NO INJURY OCC t end Number o)	24 DURED or Rural ed.	Interval Batw Onset and Do AMILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST PART II. Other algnificant conditions in the initiated events resulting in daeth) LAST PART II. Other algnificant conditions in the initiated events resulting in daeth) LAST PART II. Other algnificant conditions in the initiated events resulting in daeth) LAST PART II. Other algnificant conditions in the initiated events resulting in daeth) LAST PART II. Other algnificant conditions in the initiated events resulting in the initiated events in	a. DUE T b. DUE T c. DUE T d. Tone tone contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contribution to the contri	TO (OR AS A TO (OR	A CONSEQUENT A CON	CE OF): CE	28. PER: turning Hot 28c. IN W 1 □ actory, offi	PLACE OF me 5 I I JURY AT ORK? YES 2 te end plate death occ 29c. LJ	given in	Part I. 8 Ott 2ed. Di 2ef. LO CH ce to the ce time, de	24a. WAS A PERFC 1 YES ONE (Specify) ESCRIBE HOW CATION (Street y or Town, State super) end make end place, or the state of the state	N AUTOPSY PRIMED? 2 NO NO INJURY OCC t end Number o)	24 DURED or Rural ed.	Interval Batw Onset and Do AMILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO



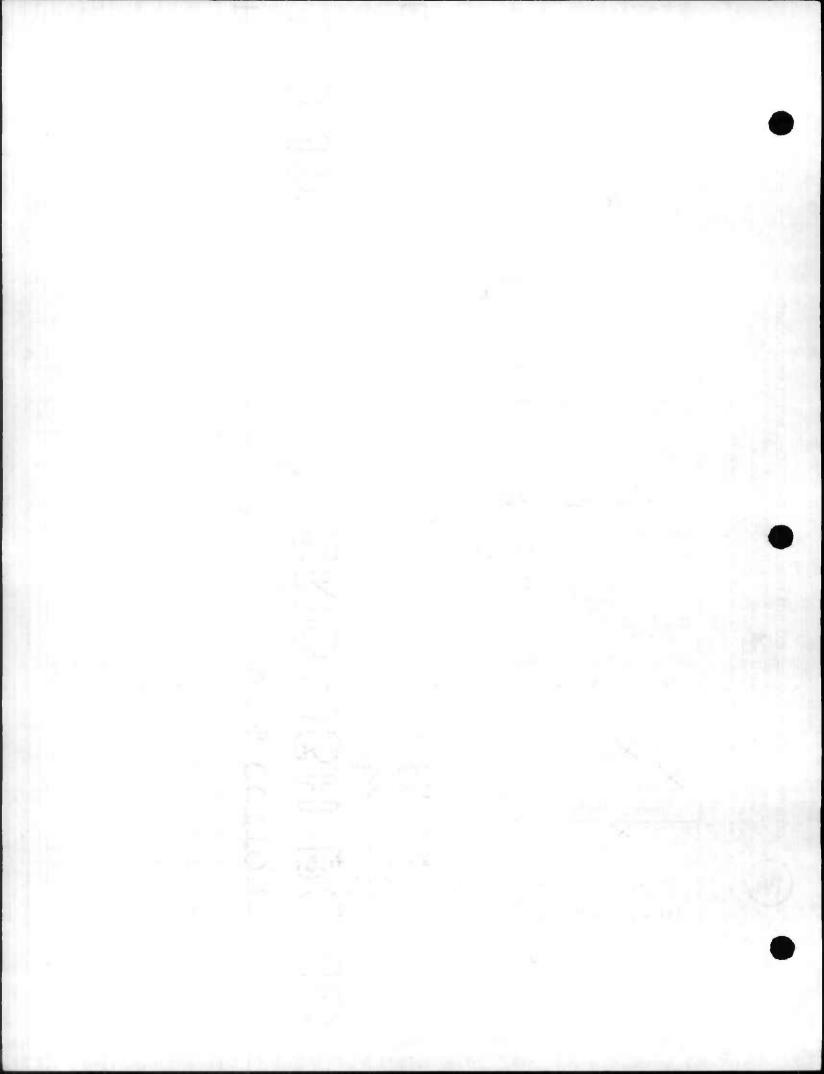
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE FINERAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIEN		00107		
	1. OECEDENT'S NAME (First, Middle, Last)		Spence	92	2. DATE OF DEATH MONTH D	NAY YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 219-01-5304 9a. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (1) M 2 F	RTHPLACE (State or Foreign untry) A Y V D a n d F DEATH						
DIRECTOR	3009 Wylic Aven			10d. INSIDE CITY LIMITS? 1 \(\sum \) YES 2 \(\sum \) NO					
FUNERAL	3009 Wylie Ave		Balti	101. ZIP CODE	21215	IISA	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 💢 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	3. WAS DECENOENT OF HIS If yes, specify Cuban, Mea 1 YES 2 NO Spe	dean, Puerto Ricen, etc.)	14. R B S	ACE — American Indian, lack, White, etc. pecify: Black		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working		Cup Co			
BE CON	17. FATHER'S NAME (First, Middle, Lest) Unknown			Marth	NAME (First, Middle, Melder 1 a Spence	n Surname)			
10 8	Thelma Spence		3009 Wy	lie Avenue	e, Baltimo	ore, Mo	21215		
	20s. METHOD OF DISPOSITION 1/ Burls! 2 Cremetion 3 Remo 4 Donation 5 Offer (Specify) 21. SIGNATURE OF FURIEFIAL SERVICE LIC	oval from Stats	arrison F	orest V.A. Name and address of March F/H 4300 Wat	A/25 Ow FACILITY West	ings M	ills, Md		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (or As A consequence of):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. SOPLICED COLCUMBURG OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
AL	PART II. Other eignificant condition Couges (we He	es contributing to death i		underlying couse given	In Part I. 24a. WAS A PERFO	N AUTOPSY ORMED? 2	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Y PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Immediation	AL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO							
TED BY	Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State)							
COMPLETED	one) 2 MEDICAL EXAMINE	ICIAN: To the best of my know					ise(s) and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES MAY CLOCK 30. NAME AND ADDRESS OF PERSON WH	ROCULIA DE CAUSE OF DE	EATH (ITEM 27) (Type, Print)	29c. LICENSE		12/1	NED Month, Day, Year)		
	MARY - CLAIR 31. DATE FILED (MONTH, Day, Year)	E ROGH 32. REGISTRAP'S SIGN Junia Davids	MANN	22 S. G	REENE S	>7	21205		
	FEB 28 1991	guna Davids	an-Marian						



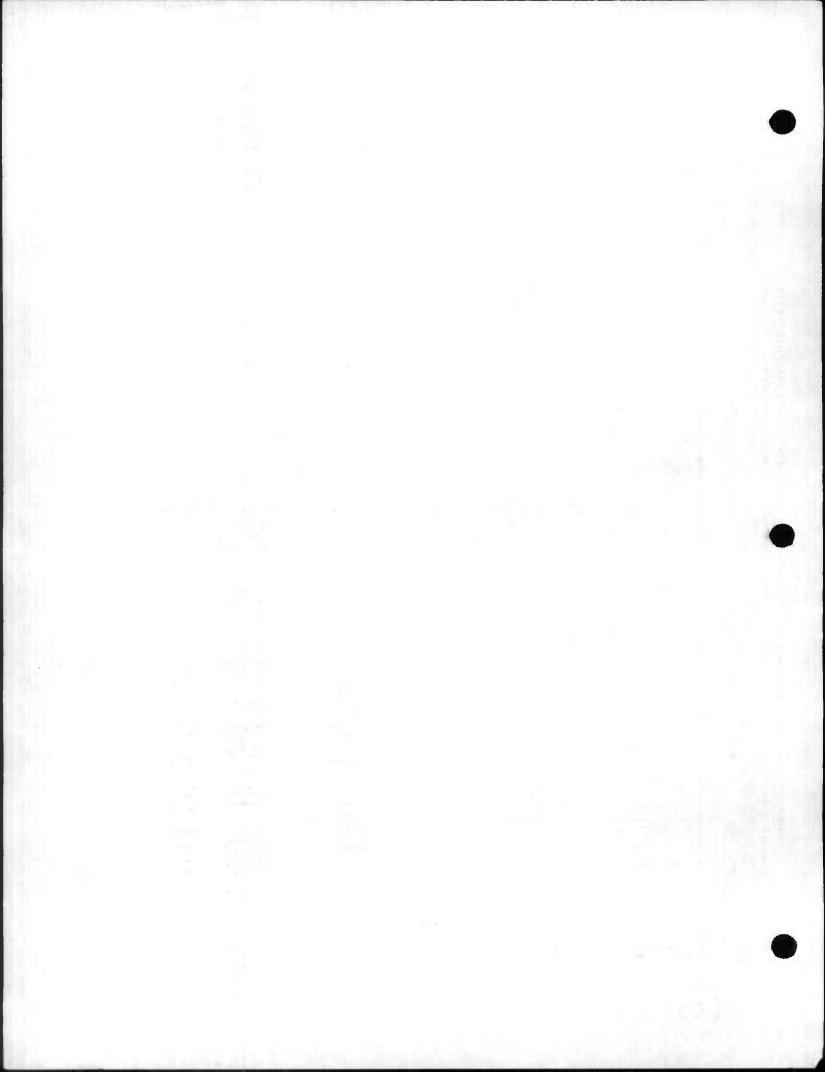
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIENE REG. NO.	21	00100
1. DECEDENT'S NAME (First, Middle, Les IDUMEA WOMACK ST	1				2. DATE OF DEATH	199 "[^	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 258-28-4115	1 □ M 2 D(F 8	8 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year) 08-08-1902	Ge	RTNPLACE (State or Foreign untry) 90 rg i a
98. FACILITY NAME (If not institution, gived Dulaney - Towson RESIDENCE OF DECEDENT	R LOCATION OF D	EATN	Baltin				
Maryland	ITY	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
5610 York Road	1			21212		U.S./	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 ☐ YES IF YES, GIVE WAR OR	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexics 2 X NO Specif	NIC ORIGIN? (Specify Yea- in, Puerto Rican, etc.) y:	В	ACE — American Indian, lack, White, atc. pecify: White
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5 +)		ork done during mo retired.)	ON st of working	16b, KIND OF BUS		Y
N/A 17. FATNER'S NAME (First, Middle, Lest) Zachary Taylor	r Collins	Homemake	=1	18. MOTNER'S NA Nora C	ME (First, Middle, Maiden S		
Mrs. Edith Davi	s (niece)				noute Number, City or Town		
20a. METNOD OF DISPOSITION 1	moval from Stata	ob. PLACE AND DATE (of cemetary, crematory of GREEN LOWN	Cemete	(Name Y 2-28 D ADDRESS OF FA	-91 Atla	nta Geo	
James F. Bu	Munich.	h.	Mitche 6500	ell-Wied York Roa	efeld Home d, Baltimor	e, MD 2	2121212
23. PART i. Enter the diseases, of abook, or heert feilur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. DUE TO (OR AS	each line.	emy st		in as cardiac or respir		Approximata interval Between Onset and Death 2'
PART II. Other significent conditi	one contributing to deeth	but not resulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMNILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DINO	HOSPITAL: 1 Inpetient 2 ER/OL	rtpatient 3 DOA	OTHER: 4 🗷 Nursing Hor		6 Other (Specify)		
27. MANNED OF DEATN 1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	URY AT PRK? YES 2 NO	28d. DESCRIBE NOW IN		
3 Suicide 8 Could not 1 4 Homicide determined	building, atc. (Sc	pecify)			City or Town, State)		iar notic Number,
one) 2 MEDICAL EXAM	YSICIAN: To the best of my kno INER: On the besis of examinat			leath occured at the	time, date and place, and	dua to the cau	
29b. SIGNATURE AND TITLE OF CERTS 30. NAME AND ADDRESS OF PERSON	Ille	DEATAL METAL CO.	0.44	29c LICENSE NU	759	≥ 2 DATE SIG	NED (Month, Pay, Your) 26(9)
Dr. Stuart B. Be		St. Baul S		Baltimo	re, Marylan	d 21218	3
EFR 28 1991	Julia to the same of the						



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be mind within 72 hours after death with the State Dept. Of Health and Memal hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

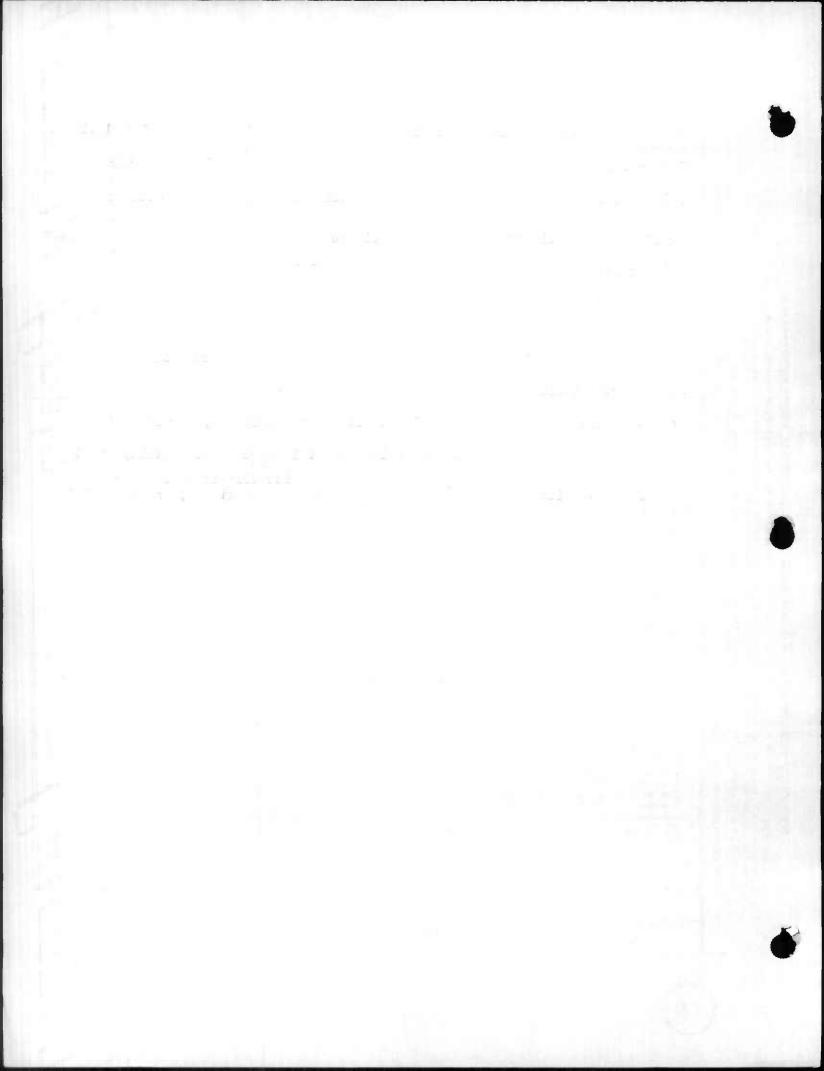
CERTIFICATE OF DEATH

REG. NO.

2. DATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Last) Charles Bernard Sewell												3. TIME OF DEATH 10:30 p. M
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In vrs.		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	0		IPLACE (State or Foreign
	218-09-5533		1√2M 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 9-9-18		Count	n /land
	Se. FACILITY NAME (If not institution, give street and number)					9b. CITY	, TOWN	OR LOCATI	ON OF DE		9c, COL	INTY OF D	
FUNERAL DIRECTOR	7016 Kenle	igh Ro	oad					timo			10000	alti	
គ្ន	RESIDENCE OF DEC	10b. COUNT	1		10c, CIT						10d. INSIDE CITY		
E I	Maryland Baltimore					Baltimore						- 19	LIMITS?
١	10c. STREET AND NUMBER					Dart.		of, ZIP COD	E	100 CITIZEN OF V			WHAT COUNTRY?
S.	7016 Kenleigh Road							27.	212			USA	
¥				ARMED	13.	WAS DE			IIC ORIGIN? (Specify Yes			E — American Indian,	
	11. MARITAL STATUS 1 Never Married 2 X Married 1 Never Married 2 X Married 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OP DATES			NO		If yes, s		m, Mexica	n, Puerto Rican, etc.)		Blec	k, White, stc.	
B	3 Widowed 4 Divo	rced	123, 412	WWII				2 22140	Specin	,		арис	White
COMPLETED		EDENT'S EDU		16a. I	DECEDENTS	USUAL O	CCUPAT	ION		16b. KIND OF BUS	SINESS/IN		
<u> </u>	Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done	ouring m	OUT OF WORK	ng				
릴			4		CPA					Acc	ount	ing	
ğ	17. FATHER'S NAME (First, M	liddle, Last)						10. MOT	HER'S NA	ME (First, Middle, Malden	Sumame)		
BE O	John Harve	y Sewe	211						Mary	Jane 0'Ke	eefe		
	19a. INFORMANT'S NAME (7	ype/Print)			19b, MAILIN	ADDRES	S (Street			Route Number, City or Tow	_	p Code)	
2	Mae Y. Sew	ell			7016	Ken]	leig	h Roa	ad Ba	altimore,	Mary	land	21212
	20a. METHOD OF DISPOSIT	ION _		20b. PLAC	E OF DISPO		-					- City or To	
	XIX Burial 2 Crematic	(Specify)	oval from State	Dula	ney V	alley	7 Me	moria	al G	ardens Lut	herv	ille	, Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	Do a	00			ND ADDRE	SS OF FA	CILITY			
	.		109	wy Ka	1	Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212							
-		G. Rei											
	IMMEDIATE CAUSE (Final							Interval Between Onset and Death Skygs 6 9000					
ATION	M any, leading to immediate												
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
2	DADT II Other elevities	nt condition	o contribution to	death had as	A	t- ab		II manan		A. I			
MEDICAL	Probable Carcinoma of terry (nogethologic proof) 1 - YES 2 - NO OF DEATH?								MAILABLE PRIOR TO COMPLETION OF CAUSE				
AN	25. WAS CASE REFERRED T	O MEDICAL						W 405 05 5					
PHYSICIAN:	EXAMINER?	- metrions	HOSPITAL:			OTHE	R:		-0	eck only one)			
4¥8	27. MANNER OF DEATH		1 Inpetient 2		3 LI DOA			Me 5 LIMR	esidence	6 Other (Specify) 28d, DE\$CRIBE HOW	IN RIEW O	CCURED	
	-/ -	Pending	(Month,	Day, Year)	IN	JURY	W	YES 2	7 100	280, DESCRIBE NOW	INJUNT O	CONED	
à l	2 Accident	Investigation	28a PLACE	OF IN HIDY — At	home from	atmet for			110	204 1 OCATION (Over)		as as Down!	South Number
TED	4 Homicide	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, fectory, office City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)								noute Namoes,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYIND PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								e) and manner as stated.				
O H	29b. SIGNATURE AND TITLE	OF CERTIFIE	A, /	1				29c. LIC	ENSE NUI	MBER	29d. DA	TE SIDNE	D (Month, Day, Year)
00	12	My 7		bente.	6			0	03	656	•	2/	27/91
5	30. NAME AND ADDRESS O	F PERSON WI	ID COMPLETED CAL	USE OF DEATH (I	TEM 27) (Typ	e, Print)							
	S1. DATE FILED (Month, Day, Year) S2. REGISTRAR'S SIGNATUREDE												





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AND 21203-314	attending
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death, Page 6 may be retained by the hospital or attending physician,	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, Pages 1, 2, 3 should 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burlal, cremation, or removal,	If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOSPITAL OR ATTENDING P	TO THE FUNERAL DIRECTOR: After this of the filed within 72 hours after death with	MPORTANT: If Item 28 is market	

FOR STATE REGISTRAR 91 05137 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	LOUIS W. Schulz		2.	DATE OF DEATH	gyear 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 234 10 6761 1 ☑ № 2 □ F 96	lest birthday) IF UNDER 1 YE YRS. MONTHS DA	S HOURS MIN.	DATE OF BIRTH (Month, Day, Year) DV. 1894	Country)	CE (State or Poreign	
R.	90. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF TO 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF TO MINTER						
RECTO	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, TOWN OR L		1///	10d. INSIDE CITY		
L DII	Md. Baltimore	Luth	erville 10f. ZfP CODE	10a. Ci	1 [YES 2 NO	
IERA	11501 Greenspring Ave.		21093		JSA		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? XX YES 2 FYES, GIVE WAR OR DATES	NO If ye	DECENDENT OF HISPANIC (, specify Cuban, Maxican, P YES 2 NO Specify:	DRIGIN? (Specify Yea or No— uerlo Ricen, etc.)	or No- 14. RACE — American Indian, Black, White, stc. Specify: White		
TED	(Specify only highest grade completed)	DECEDENT'S USUAL OCCUI (Give kind of work done durin life. Do NOT use retired.)	PATION g most of working	16b. KIND OF BUSINESS/IN	IDUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Sales		Spice Co).		
BE COI	17. FATHER'S NAME (First, Middle, Last) William A. Schulz		18. MOTHER'S NAME Anna I	(First, Middle, Malden Surname) Rehbein			
10 8	Mr. George Butler	403 Russe		o Number, City or Town, State, Z aithersburg,		20877	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)	ce of Disposition (Name of Place).	cometery, cremetory or Cemetery	20c. LOCATION - Balti	imore,		
	21. SIGNATURE OF FUNE AL SERVICE LICENSEE C. Sherman Denny, Jr.	MIT		FELD HOME, IN		21212	
	23. PART I. Enfer the diseases, or complications that caused the		O York Road	Baltimore,		21212	
	shock, or heert fellure. Liet only one ceuse on each if IMMEDIATE CAUSE (Fine) disease or condition reculting in desth) DUE TO (OR AS A CON-	ine.				Interval Between Onset and Death G hour	
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that inflieted events.	SEQUENCE OF:		sis		5years	
ËRT	resulting in deeth) LAST						
: MEDICAL	ASHD, Hypartensium Syndrome		1	PERFORMED?	CO OF	ERE AUTOPSY FINDINGS ARABLE PRIOR TO IMPLETION OF CAUSE DEATH?	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	O(HER:	6. PLACE OF DEATH (Check	only one)			
PHYSI	1 ☐ YES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpetlant 27. MANNER OF DEATH 28e. DATE OF INJURY	3 DOA 4 Vursing		Other (Specify) Id. DESCRIBE HOW INJURY O	CCURED		
BY	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — Al		WORK? YES 2 NO	BI. LOCATION (Street and Numb	her or Rural Boul	n Number	
ETED	3 Suicide 6 Could not be datarmined 2250. PLACE OF INJURY — All building, atc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)			
COMPLET	stated. The ceuse(e) ar	nd manner ee stated.					
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your)							
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (7 Browkes	Ave Ga	ithersburg	mi	1	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) James R. Moore Jr. 207 Browkes Ava Gaithersburg M.J. 31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE FEB 28 1991 Julia Davidson-Randale						

BALTIMORE, MARYLAND 21203-3146	ifter death. Page 6 may be retained by the hospital or attending physician.	the function has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu. In find within 72 hours, after death with the State Deut of Health and Mental Motiene prior to burial, cremation, or removal.	

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1991

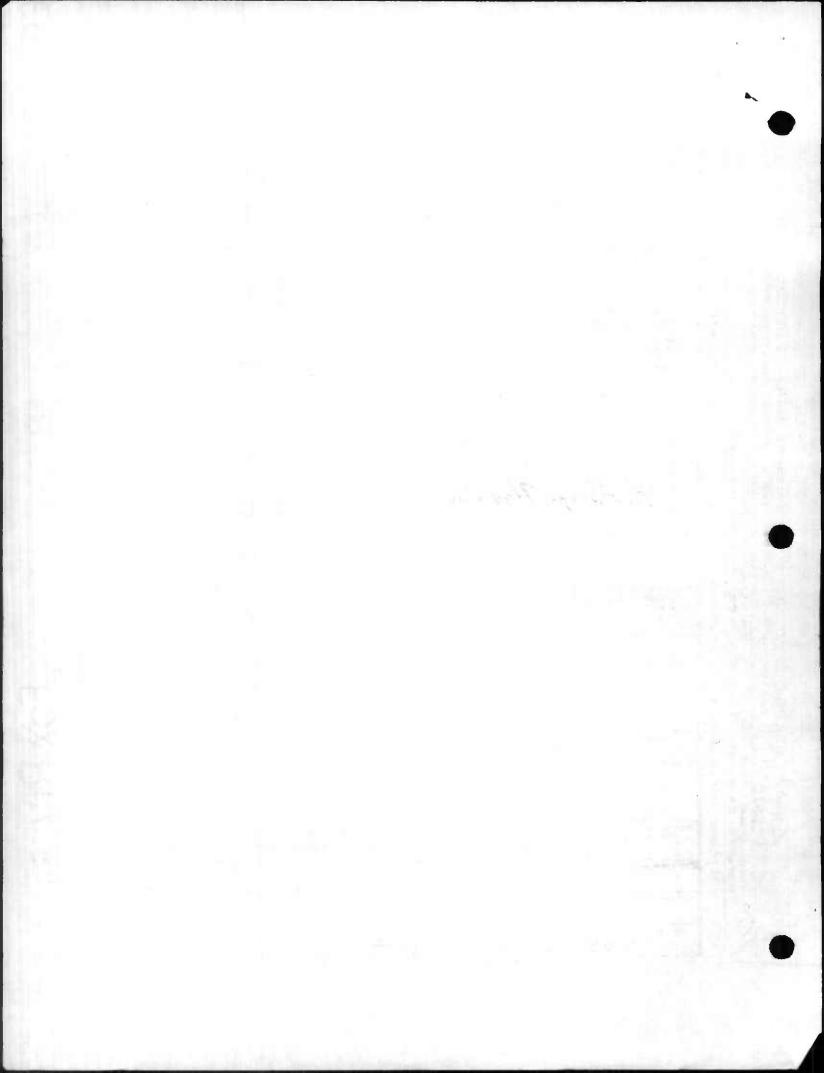
FEB 28

IMMEDIATE CAUSE (Finel disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Adamage of the condition o		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			IENTAL HYGIEN	_	05138	
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11. MANITAL STATUS 11. MANITAL STATUS 11. MANITAL STATUS 11. MANITAL STATUS 11. MANITAL STATUS 12. March de 1 December 1 Decemb	TOR	so. FACILITY NAME (If not ingitution, give street and number) so. COUNTY OF DEAT Wilson Health Care Center Gaithers burg Montage Montage							GOMERY	
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BOUND THE PROPERTY BURNANCE CONTROL Specific Miles and the control of the control	ERAL		ing Ave.		101.					
190. MALENA ADDRESS (Street and Mamber of Roral Route Number, City or Bown, State, 20 Code) 190. MT. George Buttler 190. MT. George Buttler 200. PLACE OF DIBROGATION (Armer of camether), committed over the state of policy places of the control of the state of th	В	1 Never Married 2 Married	FORCES? 1 YES	27-740	If yes, spe	city Cuban, Mexican			Black, White, stc.	
198. MALENA ADDRESS (Street and Number of Routh Number, City or Bown, State, 20 Code) 403 Russell Ave. Gaithersburg, Md. 20877 206. METHOD of Disposition 18 Burdet 2 Commention 3 Demonder from State 1 Donastion 5 Grower Specially 207. Malend Demonstration 18 Burdet 2 Commention 3 Demonder from State 1 Donastion 5 Grower Specially 21. SIGNATURE OF Burdetins Service Lucienses 22. SIGNATURE OF Burdetins Service Lucienses 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert feiture. List only one causes on each line. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert feiture. List only one cause on each line. DUE TO (OR AS A CONSEQUENCE OF): 3 CAUSE (Disease or Injury that intitated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 25. NAC CASE REFERENCE TO MEDICAL LIST (Find As A CONSEQUENCE OF): 26. NAC CASE REFERENCE TO MEDICAL LIST (Find As A CONSEQUENCE OF): 1 VES 2 NO 27. MANNERO OF ÓLATH 28. DATE OF BURNETING MARKETY (Morth, Day, Issa) 1 VES 2 NO 28. PLACE OF DEATH (Direct only only only October or Couls of October (Specially only only October or Couls of October (Specially only only October or Couls of October (Specially only only October or Couls of October (Specially only only October or Couls of October (Specially only only October or Couls of October (Specially only only only October or Couls of October (Specially only only only only only only only o	PLETED	(Specify only highest grade of	completed) College (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during mo: etired.)				RY	
Mr. George Butler 4/03 Russell Ave. Gaithersburg, Md. 20877 10 Butlet 2 Chemister of pulper spinory 200. LOCATION - City or Town, State 200. Months of 10 Butlet 2 Chemister of pulper spinory 200. LOCATION - City or Town, State 200. Months of 10 Butlet 2 Chemister of pulper spinory 200. LOCATION - City or Town, State 200. Months of 10 Butlet 2 Chemister of pulper spinory 200. LOCATION - City or Town, State 200. LOCATION -			in							
21. SIGNATURE OF BUREAU SERVICE LICENSES LOTTAINE PARK CEMETERS SALLIMOTE, PIC.			ler		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 403 Russell Ave. Gaithersburg, Md. 20877					
NAMEDIATE CAUSE (Final diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart feiture. Liet only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition) Sequentially list conditions, a. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): That initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A									re, Md.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Finel disease or condition) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (A	22. NAME AN MIT 6500	D ADDRESS OF FAC CHELL-WIE D York Ro	DEFELD HO ad Balti	ME, IN	C. Md. 21212	
PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PERFORMED? 25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY PINDIA ANALIABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY MORITY 1 YES 2 NO 28. DATE OF INJURY 28. DATE OF INJURY MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 27. CERTIFIER (Check only one) 28. CERTIFIER (Check only one) 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month), Day, Year)		shock, or heart feliure. L IMMEDIATE CAUSE (Finel disease or condition	let only one cause on ea	nonja	t enter the mo	de of dying, such	as cerdiac or reep	iratory arreet	Approximate interval Between Onset and Death	
PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PERFORMED? 25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY PINDIA ANALIABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY MORITY 1 YES 2 NO 28. DATE OF INJURY 28. DATE OF INJURY MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 27. CERTIFIER (Check only one) 28. CERTIFIER (Check only one) 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month), Day, Year)	CATION	if any, leading to immediate cause. Enter UNDERLYING								
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The state of the s		PART ii. Other significant conditions	contributing to death bu	ut not resulting in	the undertying	g cause given in I	PERFO	RMED?	COMPLETION OF CAUSE OF DEATH?	
The state of the s	ICIA	EXAMINER?			THER:					
3 Suicide 4 Homicide 5 Could not be determined 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 298. SIGNATURE AND TIME OF THURSE NUMBER 299. DESCRIPTION (Street and Number or Hurse Number) 299. SIGNATURE AND TIME OF THURSE NUMBER 290. DESCRIPTION (STREET NUMBER) 290. DESCRIPTION (STREET NUMBER)		27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INJURY OCCUR	ED	
296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office						2at. LOCATION (Street City or Town, State	and Number or (Rural Route Number,	
29d. DATE SIGNED (Month, Day, Year)	OMPLE	(Check only							ause(a) and manner as stated.	
AMES R. M. LOCE S. C. 207 Brown Was Grain Story	BE	296. SICHATURE AND TYPE OF CERTIFIED	Simo	7 1	71	The state of the s				
	5,	James R. M.	TOPE CAUSE OF DEA	ATH (ITEM 27) (Type, P	B (On	Les An	ie Ga	The	5 busi	

12. ABSISTRAN'S SIGNATURE DE PRINTESSE

TO THE HOSPIAL OF A TEMPING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNENT, CHECKING After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trant be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	LAND / DEPARTM CERTIFICA			MENTAL	REG. NO	_	1 0513	
1. DECEDENT'S NAME (First, Middle, Last ROBERT	WILLIAM	SHE	CKELS .	JR	2. DATE ON MONTH	OF OEATH DA	91	3. TIME OF DEATH 1:44 AM	
4. SOCIAL SECURITY NUMBER 216-34-3027	MONTHS DAYS HOURS MIN. (Month, De							BIRTHPLACE (State or Foreign Country)	
9a. FACILITY NAME (If not institution, give							938 M	aryland of DEATH	
	NDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY								
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	10b. COUNTY								
Maryland An	Anne Arundel Glen Burnie							1 YES 2 NO	
104. STREET AND NUMBER	R 101. ZIP CODE							OF WHAT COUNTRY?	
407 New Jersey				1061			U.S.		
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	3 2 ≦ NO	If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxica 2 A NO Specif	in, Puerto F		n or No- 14.	RACE — American Indian, Black, Whita, atc. Specify: White	
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo	N at of working	15b.	KIND OF BU	SINESS/INDUS		
12th	None	Captin Ba	lt. Ci					(City)	
17. FATHER'S NAME (First, Middle, Last)	oleolo Cr			Edna Co	, .	Aiddle, Maiden	Surname)		
Robert W. She	ckers sr.	19b. MAILING AD	DRESS (Street a	Edita CO		per, City or Tow	rn, State, Zip Co	de)	
Mary A. Sheckel	S	Same	As # 1	0					
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 R	amoval from State	9b. PLACE AND OATE OF			OATI			or Town, State	
4 Donation 5 Other (Specify)		Cedar Hill			3-2		oklyn,	MD.	
+ R. Hen	ne Hopkin	-		leton Fu cond Ave				ie, Md. 2106	
immediate cause (Finel disesse or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	ree	iya	tion	\ -			
PART II. Other significant condit	llona contributing to death	but not resulting in t	he underlyin	g cause given in	Part I.	24s. WAS AMPERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?	
						1		1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			24 0	ACE OF DEATH (C)		1			
EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Rasidenca					
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN.				INJURY OCCUP	RED	
1 Natural 5 Pending 2 Accident Investigation	on		M 1 🗆	YES 2 NO					
3 Suicide 8 Could not 4 Homicide determined	building, atc. (Sp	RY — At home, farm, stree becify)	et, factory, offic	•	28t. LOC City	ATION (Street or Town, State	end Number or)	Rural Route Number,	
1000000000	HYSICIAN: To the best of my know								
29b. SHOHATURE AND TITLE OF CERTIF	FIER		~	29c. LICENSE NU	MBER AS O	P	29d, DATE 8	IGNED (Month, Day, Year)	
CHARLES J WU/16				MD 2106	1			' ' '	
31. DATE FILED (Month, Day, Year) FEB 2.8	32. REGISTRAR'S SIG	GNATURE Randal	2					,	



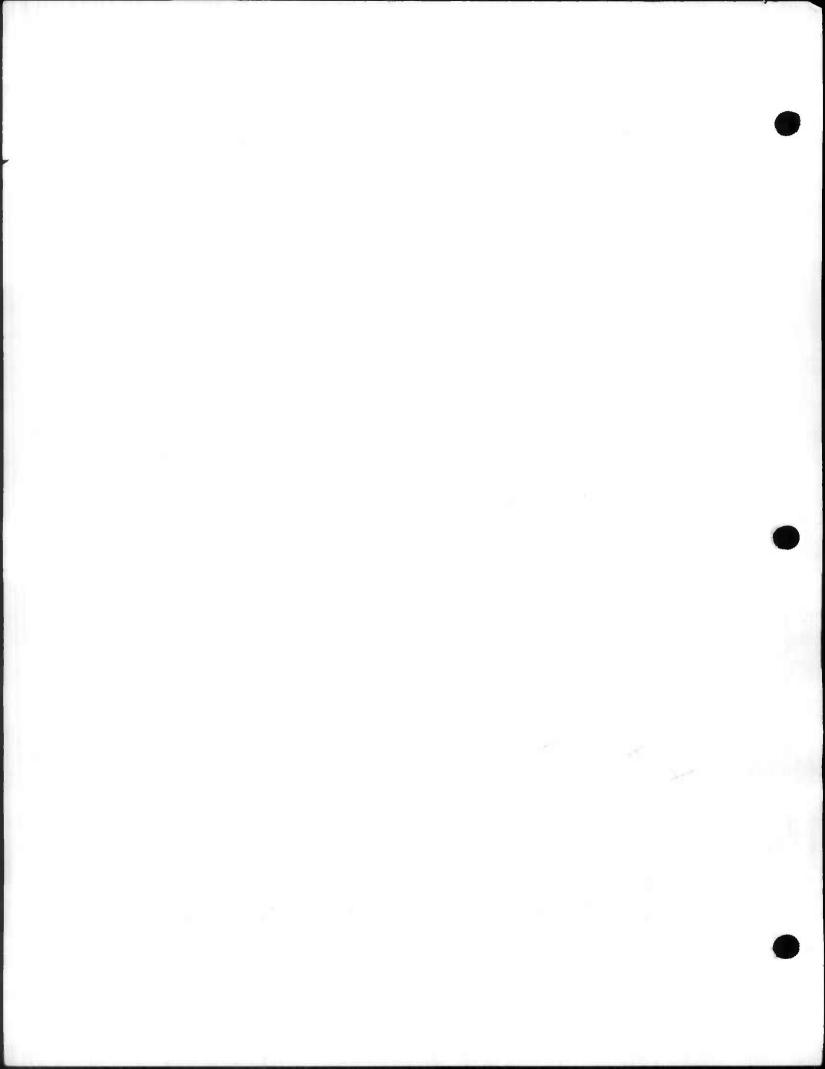
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
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HI DNIC	After this	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OR A	DIREC	hours	Item
PITAL	ERAL	n 72	1 :
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THE	THE	be filed	IMPO

31. DATE FILED (Month, Day, Year)
FEB 28 1991

32. REGISTRAR'S SIGNATURE his Davidson-Randall

	FOR STATE OF MA	RYLAND / DEPA			MENTAL HYGIEN	9 E	05140			
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	,	FICATE OF		REG. NO.		3. TIME OF DEATH			
		EdWARd			MONTH D	5-9	1510 m			
		AGE (in yrs. lest birthdey)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05-27-3	0	IRTHPLACE (State or Foreign ountry)			
<u>ر</u>	9e. FACILITY NAME (If not institution, give street end number)			OR LOCATION OF DE	ATH	9c. COUNTY (DF OEATH			
Loch Raven VA Medical Center BALTIMORE RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. Baltimore 17										
	MD		altimore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1212 PEARLEAF CT.		1	1. ZIP CODE 21202		10g. CITIZEN	OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olvorced 12. WAS DECEDENT FORCES? 1 VIFYES, GIVE WAS	VER IN U.S. ARMED VES 2 NO FOR DATES NAVY	If yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye If yes, specify Cuban, Mexicen, Puerto Rican, atc.) 1 YES 2 NO Specify:			se or No— 14. RACE — American Indian, Black, White, etc. Specify: B L A C K			
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 169. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY									
OME	10th DISABLED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)									
EDWARD R. SCOTI SR. ARDELLA GREEN										
70	19e. INFORMANT'S NAME (Type/Print) LOUISE WALKER 20e. METHOD OF DISPOSITION C Burlet 2 Cremetton 3 Removal from State				BALTIMOR					
	WNSVIL	or Town, State								
	21. SKINKTURE OF FUNERAL SERVICE LICENSEE	7	WM.C. MARCH F.H. 1101 E. NORTH AVE							
	23. PART I. Enter the diseases, or complications that a shock, or heart fallure. List only one cause	ceueed the deeth. Do on each line.	not enter the m	ode of dying, auch	n as cardiac or reap	Iratory erreat,	Approximata Interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	roxie					Onest and Death			
ATION	reaulting in death) a. Due to (oA As A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST									
EDICAL C	PERFORMEDP AVAILABLE PR									
Σ					-		1 TYES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 10 Augstlent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
PH	27. MANNER OF DEATH 28e. OATE OF IN (Month, Day,	IJURY 28b. T	IME OF 26c. II	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED			
тер ву	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF building, at	street, factory, office 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)								
OMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner es stated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner es stated.									
BE C	49b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM	MBER	29d. DATE SIONED (Month, Day, Year)					
10	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Ty	De, Print)	MA	7170-	_				

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permit. Pages 1, 2, 3 use as the burial-transit retained by the hospital or attending physician. be detached for notified at funeral director, page 5 should within 24 hours after death. Page 6 may be must be examiner attending physician and completely filled in by the mal Hygiene prior to burial, cremation, or removal. the medical other traumatic event, executed 8 certificate 6 death c certificate has been signed by the atter h the State Dept. of Health and Mental injury, the that any shows a MP. 23 Item ATTENDING PHYSICIAN: the p is marked, this c DIRECTOR: After the hours after death w 28 Hem TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 M

0514 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1 OFCEDENT'S NAME /First Middle Last) 2. DATE OF OEATH 3. TIME OF DEATN 2-26-1991 STANLEY ... **SECOSKI** 5:35 7. DATE OF BIRTN (Month, Day, Year) 6-22-1912 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 X M 2 | F 203-05-1001 HOURS 78 Pa. Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATN DIRECTOR Liberty Medical Center Baltimore RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10a STATE 10b. COUNTY 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 243 So. Ann St. 21231 U.S.A. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Maxican, Puerio Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced WWII White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18h KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Seconder College (1-4 or 5+) Butcher 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Michael Sukowski Mary Kulmaczewski 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2345 Four Mile Rd., Grand Rapids, Mi 49505 19a. INFORMANT'S NAME (Type/Print) 2 Anna Haskill 20e, METHOD OF DISPOSITION
1 | Buriel | 2 | Cremation | 3 | Re
4 | Donation | 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State S.S Peter & Paul Cemetery 3-2-9 Plains, Pa. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Roy H. Cather Leonard J. KUCK, Inc., 0500 Indiffurure.

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallure. List only one cause on each line. Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 Interval Between Onset and Death disesse or condition resulting in death) D I DUE TO (OR AS A CONSEQUENCE OF): Pneumonia CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING prostate DUE TO (OR AS A CONSEQUENCE OF) Cancer CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL Bleed COMPLETION OF CAUSE 1 TES 2 NO Pancytopenia 1 TES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TES 2 NO npetient 2 - ER/Outpetient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Nomicide determined 29s. CERTIFIER 1 🗹 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE adermy 26/91

House Ollicer

3001

32 REGISTRAR'S SIGNATURE
Fulia Davidson-Randelle

South

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

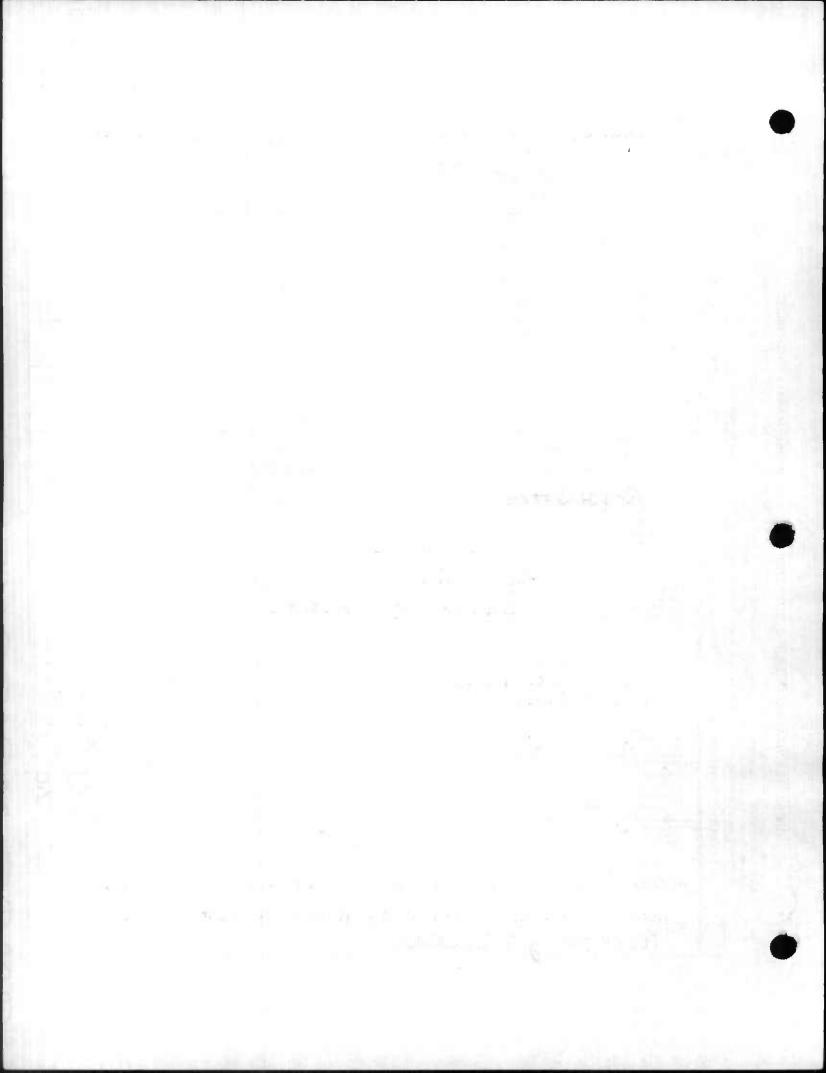
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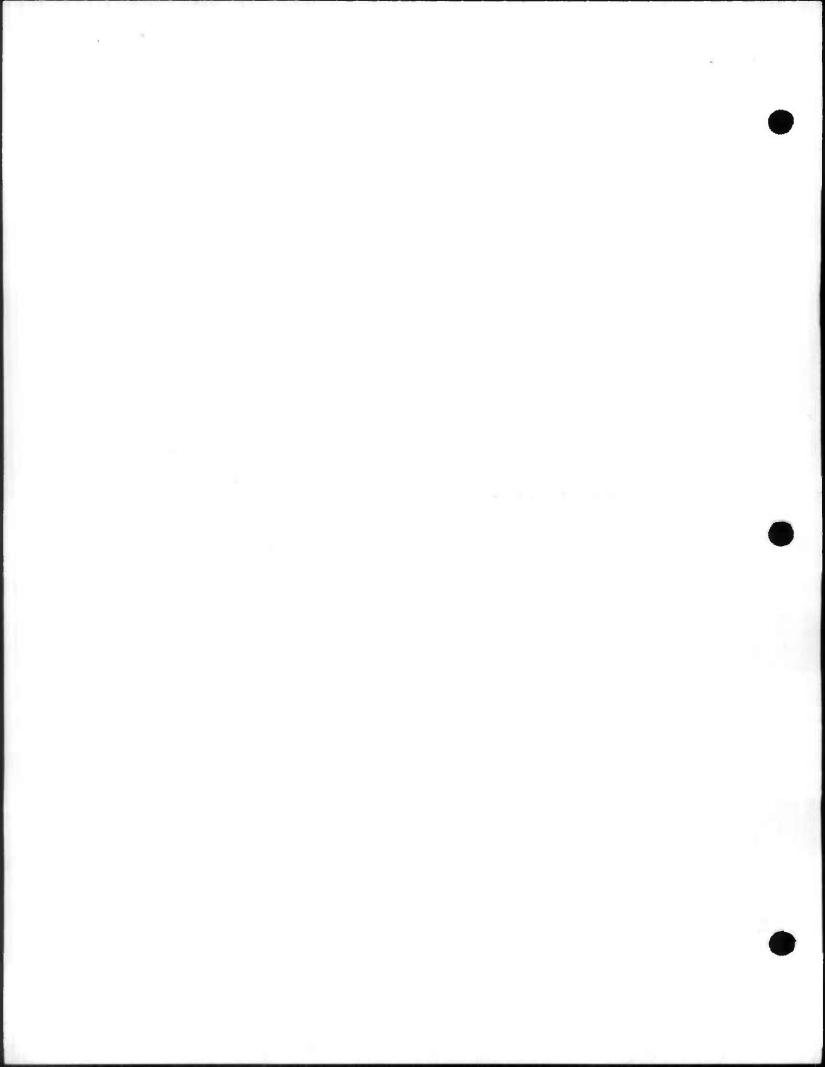


FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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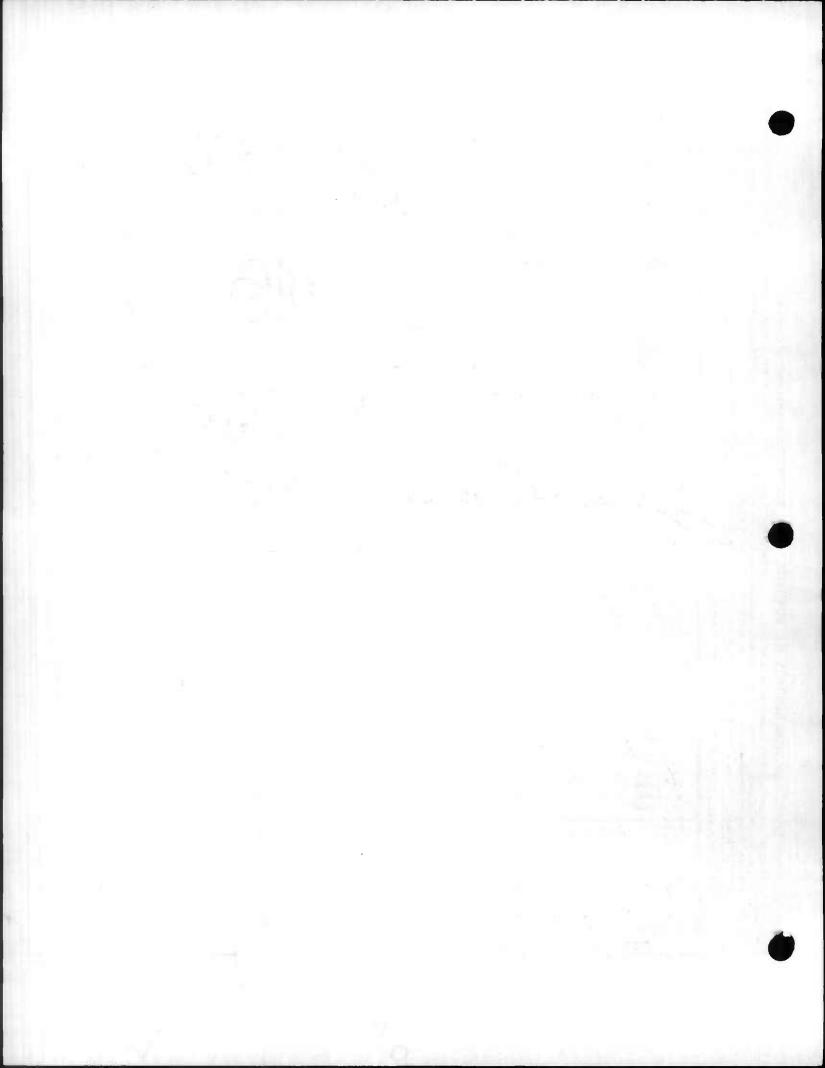
1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG. N	Ю.		0017	Lug.	
1. DECEDENT'S NAME (First, Middle,	(ast)				2. DATE OF DEATH	DAY	VEAD	3. TIME OF DEATH		
VICTOR FUGENE	MORAWASKI				FEBRUARY	26, 1	1991	8:35 A	М	
4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Forel	gn	
091 14 2067	1 € M 2 □ F	80 YRS.	MONTHS DAYS	HOURS MIN.	11-25-10		WEST	VIRGINI	A	
9e. FACILITY NAME (If not institution,	give street end number)		9b. CITY, TOWH	OR LOCATION OF DE			NTY OF DE	EATH		
VA MEDICAL CE			FORT H	OWARD		BALT	TIMOF	RE	_	
10e. STATE 10b. CC	UNTY	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?			
MARYLAND		BAL'	TIMORE					1 X YES 2 - NO)	
10e. STREET AND NUMBER			-	Of. ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?		
3358 HICKORY	AVENUE			21211		U.S	S.A.			
11. MARITAL STATUS	12. WAS DECEDENT EVER				NIC ORIGIN? (Specify		14, RACE	- American Indian,		
1 Never Merried 2 Merried	FORCES? 1 YES, GIVE WAR OR		It yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: WHITE							
15. DECEDENT'S		16a. DECEDENT'S			16b. KIND OF I	DUSINESS/INC	USTRY			
(Specify only highest Elemantery/Secondery (0-12)	College (1-4 or 5+)	He. Do NOT us	work done during i se retired.)	nost of working						
11TH			RETIRED	1	MERCHA	NT SEA	AMAN			
17. FATHER'S NAME (First, Middle, Las	it)			18. MOTHER'S NA	ME (First, Middle, Maid	len Surneme)				
PAUL MORAWASK	I			MARY S	TECIKIC					
19e, INFORMANT'S NAME (Type/Print)	Al-Parameter Company	19b. MAILING	ADDRESS (Stree		Route Number, City or	fown, State, Zip	Code)			
CLINICAL RECO	RDS	9600 1	NORTH P	OINT ROAD	FORT HOW	ARD. N	MARYT	AND 210	52	
20e. METHOD OF DISPOSITION	2	Ob. PLACE OF DISPOS				LOCATION -				
1 St Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify)		other place) CREST LAW	N MEMOR	IAL GARDE	ENS I	1ARRIO	TTSV	ILLE, MD		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
A. ALAN SEITZ, JR. FUNERAL HOME ************************************										
disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN ALL PERFORMI 1 XIXVES 2						FORMED?	IED? AVAILABLE PRIOR TO			
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
EXAMINER?	HOSPITAL: 1 Anpetient 2 ER/O	utpatient 3 DOA	OTHER: 4 \(\text{Nursing H} \)	ome 5 - Residence	8 Other (Specify)					
27. MANNER OF DEATH	28e. OATE OF INJUR (Month, Day, Year			NJURY AT WORK?	28d. DESCRIBE HO	W INJURY OC	CURED			
1 Netural 5 Pending		′ ""		YES 2 NO						
2 Accident Investigat 3 Suicide a Could n 4 Homicide determin	ot be 28e. PLACE OF INJU building, etc. (S)	street, factory, office 281. LOCATION (Street a City or Town, State)				end Number or Rural Route Number,)				
29e. CERTIFIER	20e CERTIFIER									
(Check only	(Check only 1) CERTIFYING PRISICIAN: To the best or my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner ee stated.									
Z MCDICAL_ EXAMINEN: On the sees of examination endor investigation, in my opinion, death occurred at the time, date end piace, and due to t										
29b. SIGNATURE AND TITLE OF CET	TIFIER	1 -		29c, LICENSE NU	MBER	29d. DAT	29d. DATE SIGNED (Month, Day, Year)			
6. Unitalis, MD,										
30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	a, Print)							
CAROLINA C. CU	ISTODIO M.D.	9600 NOR	TH POIN	T ROAD F	ORT HOWAR	D. MAI	RYLA	ND 21052		
31. DATE FILEO (Month, Day, Year)	2. REGISTRAR'S SI									
	curtille JMIMelhan	TV-I/VTIV-COLO								



DIVISION OF VITAL RECORDS, P.O. BOX 13	3146
VISION OF VITAL RECORDS, P.O.	7
VISION OF VITAL RECORDS, P.	80
VISION OF VITAL RECORDS,	
VISION OF VI	ECOR
VISION	>
DIVISION	0.
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Control of the Contro	AR			ICATE	OF DEA		IENTAL HYGIEN REG. NO						
The second secon	NAME (FIRST, MIDDIN, LAND)	. Strauss					Feb. 25	1991	a. TIME OF	DEATH			
4. SOCIAL SEC	-07-8205		(in yes, isset contrictey) 75 YAS.	OF UNDER 1	YEAR # UNDE	N DE HEND.	7. DATE OF BIRTH (Morth, Day, Most) 02/08/3	- 0	Marylai				
Six. FACILITY N	AME (If not institution, give		13		TOWN OR LOCAT			Sc. COUNTY C	OF DEATH	KI			
St.	Agnes Hos	pital		Ba	ltimore	2		Balt:	imore				
St. WESIDENC 104. STATE Md				AX	butus		L L		10d. INSIDE LIMITS	7			
15a. STREET A	1218 Greystone Road				101, ZIP COL	1227		10g. CITIZEN O	OF WHAT COUNT	HY2			
- III	ATUS ried 2 📉 Married 4 🗀 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO				n, Puerto Rican, etc.)		RACK — American Black, White, etc. Specify: White	Indian,			
₫ 1	(Specify only highest grade completed) (General (Specify only highest grade completed) (General (Specify Only (Spe			EDENT'S USUAL OCCUPATION I Noted of work down during most of working about an entired.) abinet maker woodwo					NESS/INDUSTRY				
w Cha	rles F. St	rauss,Sr.		Ġ.		Alm	a T. Grah	1	3				
O THE INFORMA	. Dianna N	. Strauss	100000000000000000000000000000000000000				Arbutus	en, Shata, Zip Goda		1227			
20s, METHOD 1 (X Burtal 2	F DISPOSITION	movel from State	Rb. PLACE OF DISPO	BITION (Nam	ne of certwing, on	emetory or		CATION City of					
1 () Burlat 2 Cramation 3 Removal from State St. Paul's Lutheran 21. SIGNATURE DE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF 1328 Sulph									tville,				
IMMEDIATE disease or cresulting in	hock, or heart fallum CAUSE (Final ondition	DUE TO (OR AS	I NOMA	(D)			UNG U		Onse	oximate val Betwe et and De			
if any, leading cause. Enter CAUSE (District Initiated	ig to immediate UNDERLYING asse or injury		A COMBEQUENCE (2									
WEDICAL	er significant condition	ons contributing to death	but not resulting	in the un	derlying cause	PERFORMED? AWAILABLE			PRIOR TO N OF CAUSE				
O EXAMINE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Nogerian 2 Enjoyrighten 3 DOA 4 Nursing Home 5 Reside												
27. MANNER O	S Pending	y 26b. Ti		BE INJURY AT WORK!		8 □ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED							
≥ 1 Augis		28e. PLACE OF INJU building, etc. /Si	RY At home, farm pecify)	s, farm, streef, factory, office			281. LOCATION (Street and Number or Flurel Floure Number Gity or News, State)						
2 Accid	The Property laws on	Simulation	1	29s. CERTIFIER (Chock only 000) 2 Sec. DESTRIPTING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29s. SEGNATURE AND TITLE OF CERTIFIER 29s. SEGNATURE AND TITLE OF CERTIFIER 29s. DICENSE NUMBER 29s. LICENSE NUMBER 29d. DATE SIGNED (A									
2 Accid	determined	SICIAN: To the best of my kn							suse(s) and mann	er es stated			
2 Accided 3 Subsider 4 Homis Chack on One) 29a. CENTIFIE (Chack on One) 29a. Signatur	determined CENTIFYING PHY MEDICAL EXAMI	TSICIAN: To the best of my kee	tion and/or investiga		pinion, death occ		time, date and place, s	and due to the ce	DNED (Month, Day				
26 Accided a Greek of Homic (Check on cost) 298. SEGNATURE (Check on cost)	Debugging of Century Inc. 1 Century Inc. Phy 2 MEDICAL EXAMI E AND TITLE OF CENTUR L ST. ADDRESS OF PERSON V	PSICIAN: To the best of my known of the best of examination ACNES HOS	P (TAL	lion, in my o	pinion, deeth occ	centile MUN	time, date and place, s	29d. DATE SIG	25 91	; Year)			

DHMH-16 Rev 1/89



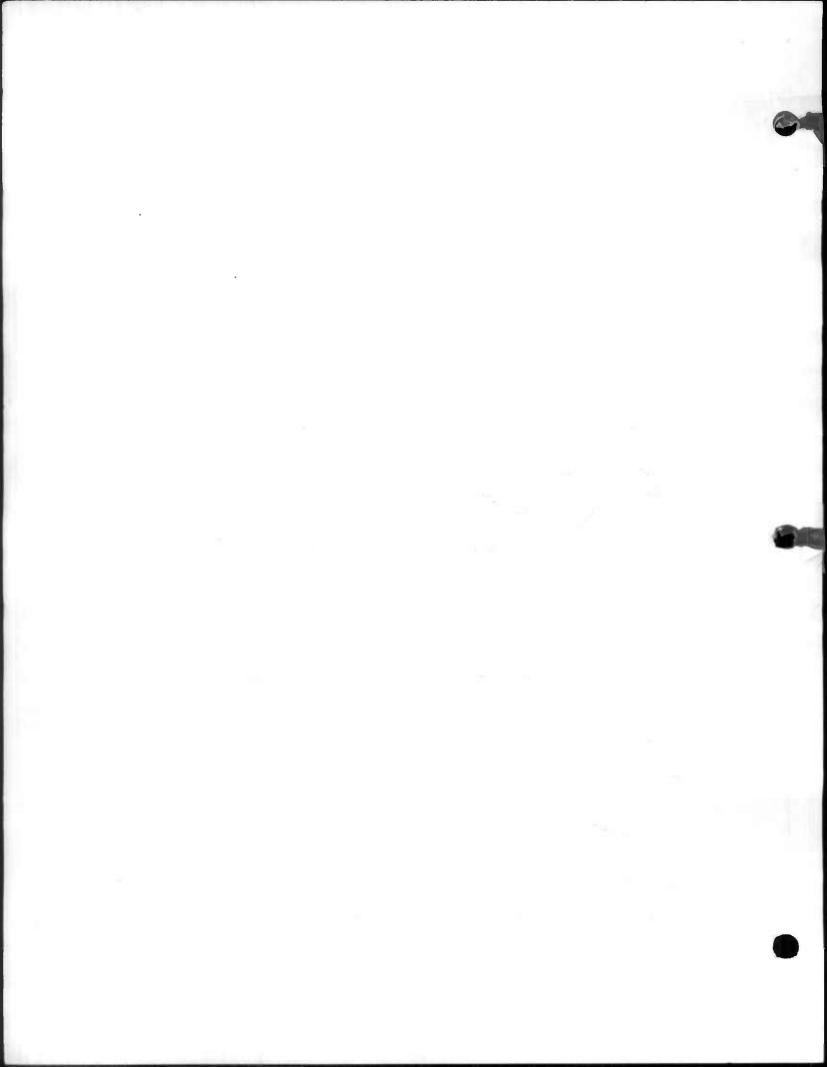
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-bransit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, oremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

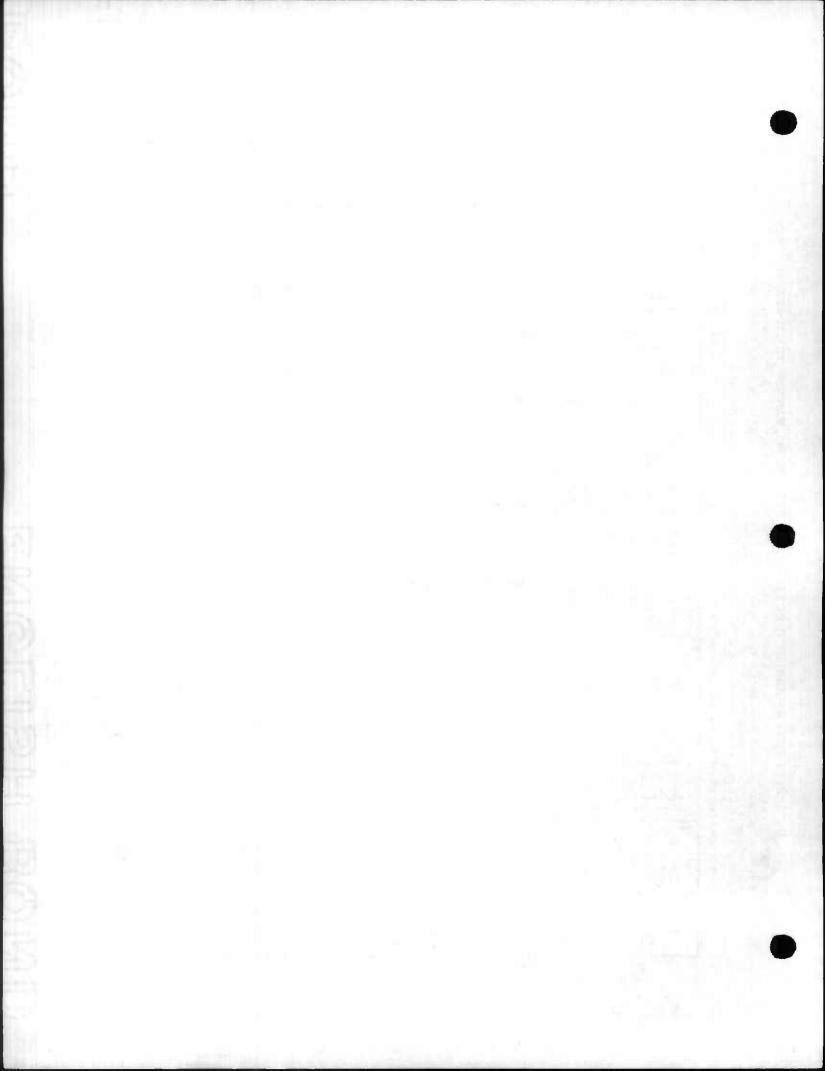
TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.



in certificate de executed writing 24 nours after death. Page 6 may de retained by the hospital of attending physician.	ending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	J Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
24 mours 5	filled in by	ion, or rem	the medic
ried within	completely	ial, cremati	c event. t
ale De execu	ysician and	prior to bur	r traumati
eam cerumo	attending pl	ntal Hygiene	v. or othe
quires mar me o	ned by the	ofth and Me	any injur
law require	this certificate has been signed by 1	ept. of He	23 shows
INSICIAN: The	ertificate h	the State [or item
LENDING PHYSI	After this c	leath with	is marked.
OH ALIENE	DIRECTOR:	72 hours after death with the State Dept. of Health and Mental Hygie	Item 28 Is
SPIN	MERAL OIF	thin 72 h	RTANT II
TO THE HOSPITAL OR ALLER	TO THE TU	be filed wi	MPORTA
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TIMOUTEDON TIMOUT		FOR STATE REGISTRAR	STATE OF MARYLANI		MENT OF H		MENTAL HYGIEI		
THE ROCKETT SHAPE (FOR PATHONS OF A SHAPE AND A SHAPE		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEA	
TO THE PROPERTY BANK AVENUE BATTTMORE BATTMORE BATTTMORE BATTMORE BATTTMORE BATTMORE BATTTMORE BATTMORE BATTTMORE BATTTMORE BATTTMORE BATTTMORE BATTTMORE BATTMORE BATTTMORE						4 40			
THE SECRET MANUE (IT IS STREET AND REMOVED AND THE SECRET AND THE							7. DATE OF BIRTH (Month, Pay, Year)	1. B	numbrul .
BOUND BY ANY THE PART AND CONTROL TO CONTROL				.0	AL CUTY TOWN O	D I CONTION OF DE			
The state of the	TOR	822 PARK AVENUE	and number)				AIR	9c. COUNTY C	DE DEATH
The state of the	E I			10c. CITY,	TOWN OR LOCAT	ON	 		10d. INSIDE CITY
The state of the	高	Md		Bal	timore				1 YES 2 NO
The state of the	¥				101.				
The December of Control of Contro	崱								A
Description of the conditions	B	1 🔀 Never Married 2 🗀 Married	FORCES? 1 YES 2	∑ NO	13. WAS DECI	ENDENT OF HISPAN city Cuban, Maxica 2 (X) NO Specify	NC ORIGIN? (Specify Y n, Puarto Rican, alc.) /:		Black, White, atc.
Description of the conditions	9	15. DECEDENT'S EDUCAT	ION 16s	DECEDENT'S U	SUAL OCCUPATIO	N et of working	16b. KIND OF B	USINESS/INDUSTR	74
Description of the conditions	9	Elementary/Secondary (0-12)		Iffe. Do NOT use	retired.)	c or worming			
Description of the conditions	₽								
19. INFORMANT'S MAKE (Typo-Pret) 19. INFORMANT'S MAKE (Typo-Pret) 19. BEATTICE PETTY 20. METHOG OF DISPOSITION 19. Burdel 2 AC Creation 3 Typo-Preton State 10. Burdel 2 AC Creation 3 Typo-Preton State 10. Burdel 2 AC Creation 3 Typo-Preton State 11. Burdel 2 AC Creation 3 Typo-Preton State 12. SIGNATURE of Visition 4 Typo-Preton State 12. SIGNATURE of Visition 5 Typo-Preton State 12. Signature (Typo-Preton State 13. Signature (Typo-Preton State 14. Signature (Typo-Preton State 15. Signature (Typo-Preton State 16. Signature (Typo-Preton State 17. Signature (Typo-Preton State 18. Signature (Typo-Preton State 19. Signature (Typo-Preton Stat	8							n Surname)	
Beatrice Perry 5306 Nelson Avenue Baltimore, Md 21215 200. PEACE AND DATE OF DISPOSITION (Nume of Company) 1) Burder 2 Al Cremation 3 Ramoval from State Catonsville 21. SIGNATURE of Public (State) Catonsville 22. SIGNATURE of Public (State) Catonsville 23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cerdiec Dr respiratory arrest, alone, or heart felium. List only one ceuse on each line. 33. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cerdiec Dr respiratory arrest, lineared Between Onset and Death (State) 34. PART II. Content of the death (Last) 35. Sequentially list conditions, and construction of cause or part in the underlying ceuse given in Part I. 36. PLACE AND ADDRESS of PACLITY 37. WAS CASE PERFORMED TO MEDICAL 38. WAS CASE PERFORMED TO MEDICAL 39. WAS CASE PERFORMED TO MEDICAL 30. WAS AN AUTOPSY PROMOSE CONFIDENCE OF): 30. WAS CASE PERFORMED TO MEDICAL 30. WAS AN AUTOPSY PROMOSE CONFIDENCE OF): 38. WAS CASE PERFORMED TO MEDICAL 39. WAS CASE PERFORMED TO MEDICAL 30. Was CASE PERFORMED TO MEDICAL		1900		105 MAII INO A	DODESS (Ottoor)			Out. 20 Out	
See METHOD of DISPOSITION Name DATE 20c. LOCATION - City or Town, Suse Catons ville	2			1 - 111 - 111					
A Densition S Commence Catonsville			20h Pt				T T		
22. NAME AND ADDRESS OF PACILITY West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feliure. List only one couse on each line. IMMEDIATE CAUSE (Finel diseases or conditions, list metal disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24. WAS ARA AUTOPSY PROMOS ANALABLE PRIOR TO COMPLETE ON OF CAUSE (O) Sease or Injury that intitited oversits or resulting in death) LAST 1 Other significant conditions contributing to death but not resulting in the underlying couse given in Part I. 24. WAS CASE REFERRED TO MEDICAL EXAMINERT OF DEATH (Check only only Part of Complete Consequence on the Consequence on the Complete Consequence on the Consequenc				tary, crematory o	r other place)				
23. PART I. Enter the diseases, or complications that caused the death. Do not anise the mode of dying, such as cerdiac or respiratory street, shock, or heart feiture. List only one cause on each line. III. MINEDIATE CAUSE (Final diseases or conditions, list only one cause on each line. III. MINEDIATE CAUSE (Final diseases or conditions or conditions) III. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, list my, leading to immediate cause of injury that still interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF):				MCCIO C				4011341	110
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, interval Backween one and line. Approximate shock, or heart feliure. List only one cause on each line. Approximate shock, or heart feliure. List only one cause on each line. Approximate shock, or heart feliure. List only one cause on each line. Approximate shock, or heart feliure. List only one cause on each line. Approximate shock, or heart feliure. List only one cause on each line. Approximate shock, or heart feliure. List only one cause on each line. Approximate shock, or heart feliure. List only one cause on each line. Approximate shock, or heart feliure. List only one cause of real shock on the line shock of the cause of part and beath shock. Approximate shock on the line shock of the line shock of the line shock of the line shock of the line shock of the line. Approximate shock on the line shock of the		Portra	Y/VM)						
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POUND 2-26-9 110:05a M 1 YES 2X NO SUBJECT PLACED BAG OVER HEAD Investigation in reveal gration and subject to the cause of the state of the state of the cause of the state of the state of the cause of the state of the state of the cause of the state o							PERF	DRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
The state of the s	¥				26. PL	ACE OF DEATH (Ch	eck only one)		
The state of the s	Sic	78-				6 🔲 Residence	8 Other (Specify)		
The state of the s	١٩	27. MANNER OF DEATH		26b. TIME			26d. DESCRIBE HOW	INJURY OCCURE	O
3 Marie and Address of Person who completed cause of Death (ITEM 27) (Type, Print) 3 Marie and Address of Person who completed cause of Death (ITEM 27) (Type, Print) 3 Marie and Address of Person who completed cause of Death (ITEM 27) (Type, Print) 3 Marie and Address of Person who completed cause of Death (ITEM 27) (Type, Print) 3 Marie and Print (ITEM 27) (Type, Print)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					SUBJECT P	LACED B.	AG OVER HEAD
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296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 297. DATE FILED (Month, Day, Year) 298. DATE SIGNED (Month, Day, Year)		4 Homicide determined		HOME				822 PA	RK AVENUE
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2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HDRY PRUTTS 13- WRITE HW 11 (FERW ST 15 MOW) 14 MD 21201 31. DATE FILED (MONTH, Day, Year) 32. DEGISTRAR'S SIGNATURE	Ä	296. AIGNATURE AND TITLE OF CERTIFIER	V . 00 .			29c. LICENSE NUI	MBER	29d. DATE SIG	GNED (Month, Day, Year)
MARGINATO B-WREW HD 111PENW ST KNOW K MD 21201 31. DATE FILED (MORTH, Day, Year) 32. PEGISTRAT'S SIGNATURE		more wel	price			OCME		1 2-	-27-9
31. DATE FILED (Month, Day, Year) 32. PEGISTRAS'S SIGNATURE	-	.,		(ITEM 27) (Type, I	Print)	J 55	Romo	re up	21201
		31. DATE FILED (Month, Day, Year) FEB 2.8 1991	32. MEGISTRAB'S SIGNATU						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

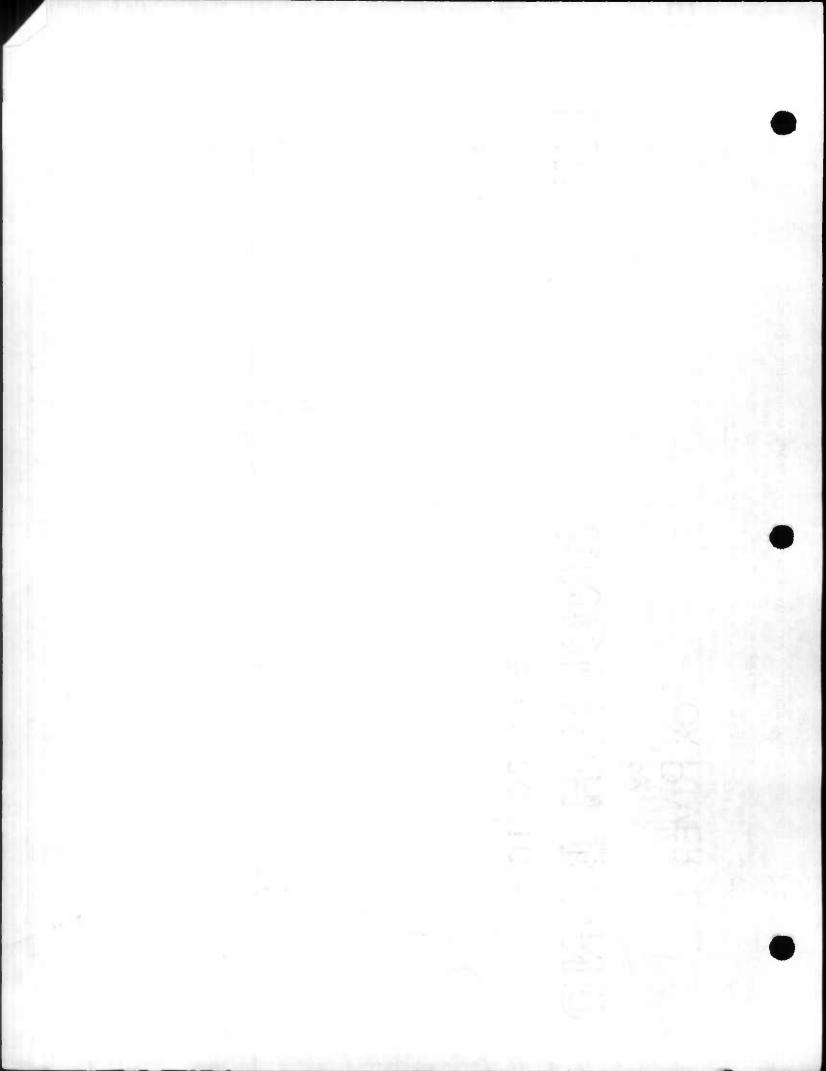
TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last CLAIRE						1	2. DATE OF DEATH		3. TIME OF DEATH
CLAIRE	°C.		TUMUL	TY			MONTH / 27	AY / 199	91 3:10 A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER 1 YE			7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
218-80-7159	1 M 2 X F	72	YRS.	MONTHS DA	YS HOURS	MIN.	Aug. 19,	1918 I	District of Col
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATI	ON OF DE			TY OF DEATH
THE JOHNS HOPK	INS HOSPI	TAL		BALTI	MORE C	CITY		BAL	TIMORE
RESIDENCE OF DECEDENT							**		
IOe. STATE 10b. COUN	ITY			, TOWN OR L					10d. INSIDE CITY LIMITS?
Maryland				BAltir	nore Ci	_			1 X YES 2 NO
Oe. STREET AND NUMBER					10f. ZIP COD			1 "	EN OF WHAT COUNTRY?
5001 St. Albans		7			21	212		<u></u> _	USA
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED				IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No-	14. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 M Widowed 4 Divorced	IF YES, GIVE W				YES 2 NO				Specify: White
15. OECEDENT'S ED (Specify only highest gra	DUCATION ide completed)		DECEDENT'S (Give kind of w	rork done durin	PATION og most of workli	107	16b. KIND OF BU	SINESS/INDU	
Elementary/Secondary (0-12)	College (1-4 or 5 :		life. Do NOT us	e retired.)					
	4 Years		Homem	aker			Home		· · · · · · · · · · · · · · · · · · ·
7. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Middle, Meider	Surname)	
Joseph J. Cotter	r				1	<u>larga</u>	aret Doneg	an	
19a. INFORMANT'S NAME (Type/Print)							Route Number, City or To-		· ·
Michael Gill		5.11	1 Gra	y Squ	irrel (Ct.	Timonium	, Md.	21093
20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Re	mount from Cont	20b. PLA	CE AND DATE	OF DISPOSI	TION (Name		DATE 20c. LO		
1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	St.	Mary	S Ceme	etery		3/1/91 R	ockvi	lle, Md.
21, SIGNATURE OF FUNERAL SERVICE	LICENSEE			22 NAS	AE AND ADDRE	SS OF FA	CHITY		
Dames F. Bi	Juneal urnside.	Ir Di					edefeld Ho d. Baltim		
reaulting in death)	DUE TO	OR AS A GON!	ic no	080/	hay	u ge	al con	ce	- 20 mars
Sequentisily list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CON		F): <i>U</i>		0			
if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	(OR AS A CON	SEOUENCE OF	n: <i>()</i>		0			
if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	(OR AS A CON	SEOUENCE OF	n: <i>()</i>		0	Part I. 24a. WAS A PERFC	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions to the conditions of the conditions of the cause	c DUE TO d	(OR AS A CON	SEOUENCE OF	r):		given in	PERFO	RMED?	AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditi	d	(OR AS A CON	SEQUENCE OF	n the unde	rlying couse	given in	PERFO	RMED?	AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions to the condition of the cause of the	DUE TO d. HOSPITAL: 1 Appatient 2 2 28a. DATE OF	(OR AS A CONSIDERATION OF THE	sequence of treaulting is a DoA	OTHER:	riying ceuse	given in	PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are also as a series of the conditions of the conditions of the conditions of the cause	DUE TO d. HOSPITAL: 1 Department 2 28a. DATE Of (Month, L	(OR AS A CONSIDERATION OF THE	3 DOA	OTHER: OT	riying ceuse 25. PLACE OF I 1 Home 8 R C. INJURY AT WORK? 1 YES 2 [given in	PERFC 1 YES eck only one) 6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCC	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and investigations and investigations are conditionally also between the cause of the ca	DUE TO d. HOSPITAL: 1 Department 2 28a. DATE Of (Month, L	death but not be the first of t	3 DOA 28b. TIM INJ	OTHER: 4 Nursing E OF 28 UNY M 1	rlying couse 28. PLACE OF E 1 Home 8 R 2. INJURY AT WORK? 1 YES 2 [given in	PERFC 1 YES 1 YES Check only one) 6 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCC	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED Or Rural Route Number,
if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and investigations are substituted in the conditions and investigations are substituted in the cause of the cause	DUE TO d. HOSPITAL: 1 Appatient 2 [28a. DATE (Month, L be 28e. PLACE (building,	death but no death but no ER/Outpatient INJURY Ley, Ver/ PF INJURY At etc. (Specify)	3 DOA 28b. TIM INJ	OTHER: 4 Nursing E OF 28 UNY M street, factory,	riying couse 25. PLACE OF I Home 5 R C. INJURY AT WORK? D YES 2 (office	given in	PERFC 1 YES 1 YES 6 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(a) and m	INJURY OCC	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED Or Rural Route Number,
if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and investigations are substituted in the conditions and investigations are substituted in the cause of the cause	DUE TO d. HOSPITAL: 1 Uppatiant 2 28e. DATE OF (Month, L) 28e. PLACE C building, YSICIAN: To the best of a	death but no death but no ER/Outpatient INJURY Ley, Ver/ PF INJURY At etc. (Specify)	3 DOA 28b. TIM INJ	OTHER: 4 Nursing E OF 28 UNY M street, factory,	riying ceuse 26. PLACE OF E I Home 8 R C. INJURY AT WORK? I YES 2 [office data and place ion, death occu	given in DEATH (Ch a sidenca NO	PERFC 1 YES 1 YES 1 YES 1 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(a) and multime, date and place, and make the sai	INJURY OCC	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED Or Rural Route Number,
if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and the conditions of the co	DUE TO d. HOSPITAL: 1 Operation 2 28e. DATE Of (Month, L) 28e. PLACE Of building, YSICIAN: To the best of a	death but not be the second of	3 DOA 28b. TIM INJ	OTHER: 4 Nursing E OF 28 UNY M street, factory, ed at the time	riying ceuse 26. PLACE OF E I Home 8 R C. INJURY AT WORK? I YES 2 [office data and place ion, death occu	given in DEATH (Ch asidenca NO no and due	PERFC 1 YES 1 YES 1 YES 1 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(a) and multime, date and place, and make the sai	INJURY OCC	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO SURED or Rural Route Number, ed. e cause(a) and manner as stated.
if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined (Check only one) 2 MEDICAL EXAMINER (Check only one) 1 CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND VITLE OF CERTIFIER (Check only one) 1 CERTIFIER (Chec	DUE TO d. IONA CONTRIBUTING TO DO DE TO DO	death but not death but not learn but not learn but not learn but not learn but not learn but not learn but not learn le	3 DOA 28b. TiM INJ death occurre for investigation	OTHER: 4 Nursing E OF URY M 28 URY M 28 on, in my opin	riying ceuse 28. PLACE OF E I Home 8 R C. INJURY AT WORK? I YES 2 [office data and place ion, death occur 29c. LIC	given in DEATH (Ch a sidenca NO	PERFC 1 YES 1 YES 1 YES 1 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(a) and multime, date and place, and make the sai	INJURY OCC	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO SURED or Rural Route Number, ed. e cause(a) and manner as stated.
if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and investigations are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO d. HOSPITAL: 1 Operation 2 28e. DATE Of (Month, L) 28e. PLACE Of building, YSICIAN: To the best of a	death but not death but not learn but not learn but not learn but not learn but not learn but not learn but not learn le	3 DOA 28b. TiM INJ death occurre for investigation	OTHER: 4 Nursing E OF URY M 28 URY M 28 on, in my opin	riying ceuse 28. PLACE OF E I Home 8 R C. INJURY AT WORK? I YES 2 [office data and place ion, death occur 29c. LIC	given in DEATH (Chasidenca NO No Report of the control of the	PERFC 1 YES 1 YES 1 YES 1 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(a) and multime, date and place, and make the sai	INJURY OCC	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO SURED or Rural Route Number, ed. e cause(a) and manner as stated.





STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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		-			- 4

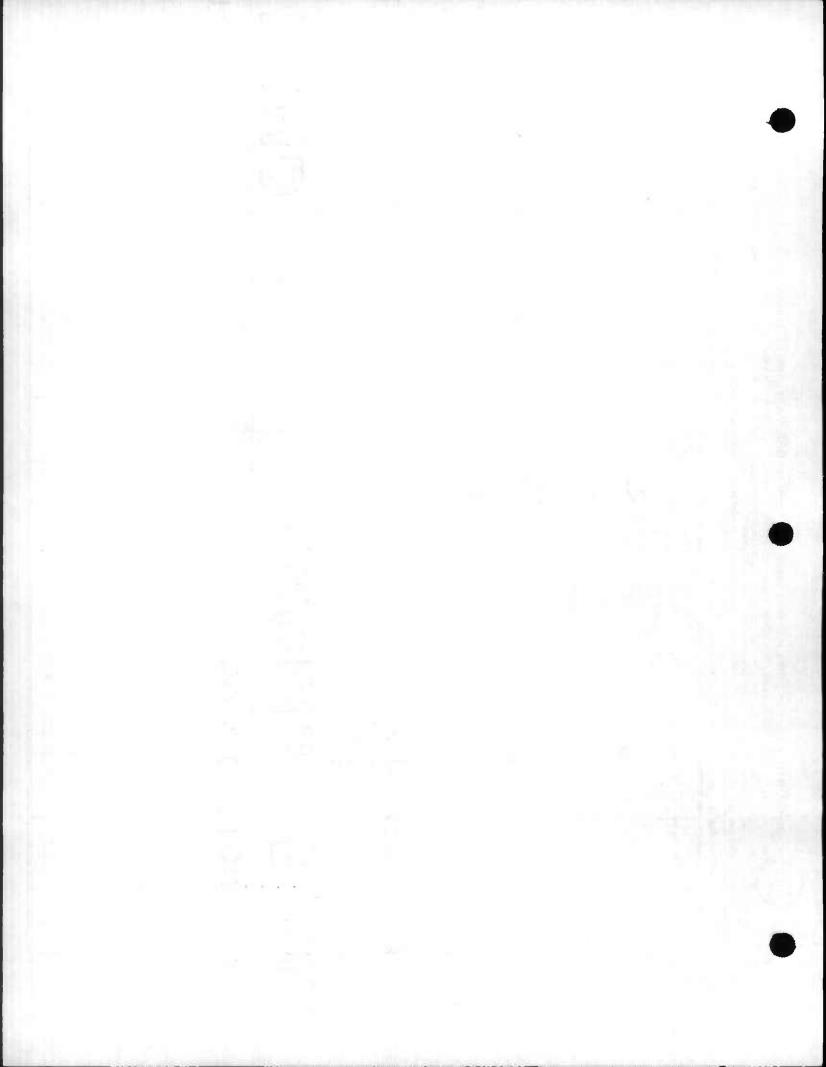
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE C	F DEATH DA	,	YEAR	3. TIME OF DEATH
	Jim	D.			ggart			66	02	21	19	91	10:25 P
	4. SOCIAL SECURITY NUMBER 251-18-4941	5. SEX	6. AGE (In yrs. In 71	YRS.	IF UNDER 1	DAYS	HOURS	24 HRS. MIN.	7. DATE 0 (Month, 12-	E BIRTH (Day, Year) 18-19	19	B. BIRTH Country	S.C.
TOR	96. FACILITY NAME (If not institution, give 816 N. Payson St	Commence of the Commence of th			96. CITY, T Balt		or LOCATIO		EATH		9c. COUNT	TY OF DI	EATH
DIRECTOR	10e, STATE 10b, COUN	TY			v, town or altim								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 816 N. Pays	on Street	;			101	2121				U S		HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	RMED NO	H :	res, sp			n, Puarto Ri	(Specify Yes can, etc.)	or No-	14. RACE Black Specif	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12) 4th			ECEDENT'S Give kind of le. Do NOT u	USUAL OCC work done du se retired.)	UPATIO	ON set of workin	ng .		Amtrak		ISTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Jim Taggar	t						tie	DOW	ddie, Melden den	Surname)		7
5	196. INFORMANT'S NAME (Type/Print) Linda Taggart		1							altimo			21216
	20st/METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	of cemetar	y, cremator	e of dispose or other pla	ce)	(Name Park		2269:		eation - correl,		wn, State
	21. SIGNATURE OF FUNERAL SERVICE	May	vh.		22. N	me Al rch	n F/H		st h Ave	nue			
N	23. PART I. Enter the diseases, or shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ca	use on each lin	unfi	iO					d			Approximata Interval Batwee Onset and Dest
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	O (OR AS A CONSI										
MEDICAL C	PART II. Other algnificent condition	ona contributing t	o death but not	reculting	In the und	erlyln	g ceuse	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		1.4		neck only one				
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE C (Month,	F INJURY Day, Year)	28b. TH		8c. IN.	JURY AT ORK? YES 2		8 Other 28d. DES	(Specify)	NJURY OCC	URED	
TED	# Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	26a, PLACE	OF INJURY — At I g, atc. (Specify)	home, farm,	street, facto	y, offic	:0		281. LOCA City o	TION (Street a or Town, State)	and Number	or Rural I	Route Number,
COMPLE	(Orack Olay	YSICIAN: To the best											a) and menner as stated.
TO BE C	THE SIGNATURE AND THE OF CHITY	PULT	Mod				-	.C.M			29d. DATE	SIONED	(Month, Day, Year) 2 1991
		SOLVE	JR,	MD		enr	Str	eet,	, Bal	timore	Mary	/lan	d 21201
	FEB 28 19	191 Suhi	RAR'S SIGNATURE	-Bando	00_								

Julia Savidson Randon

PHOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within & ... iours after death. Page 6 may be retained by the retained by the strength of the

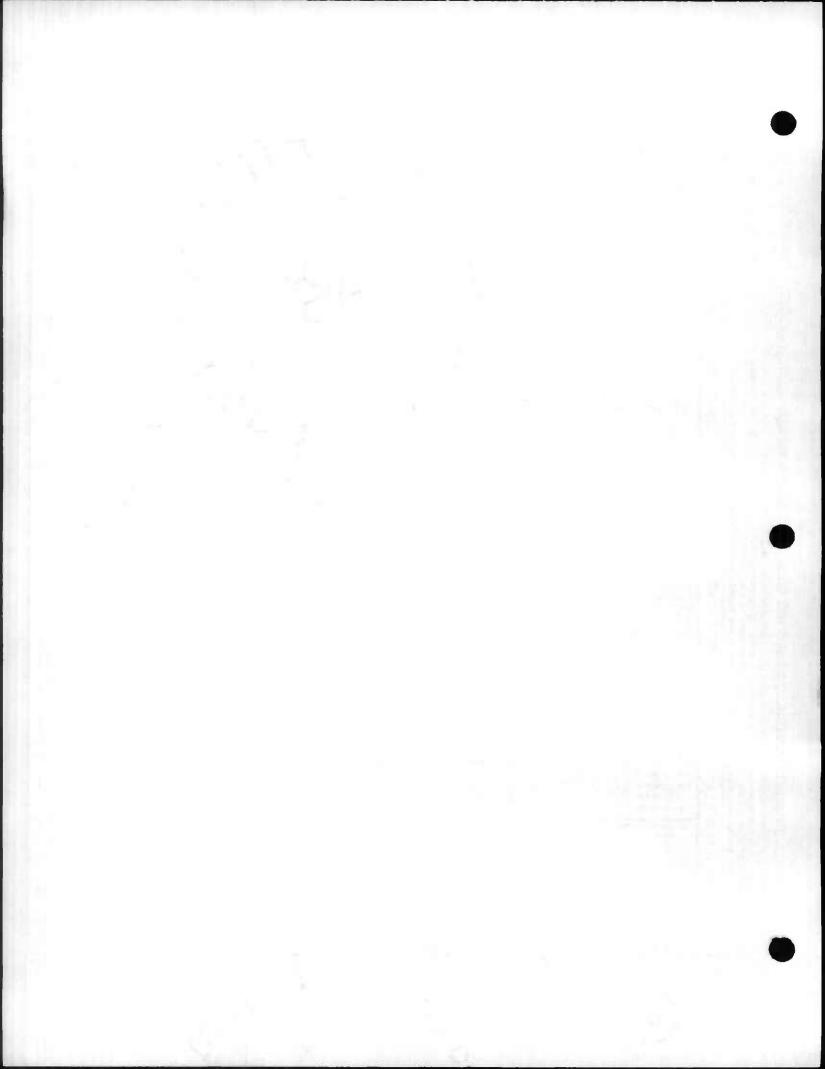
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 -	FOR STATE REGISTRAR
1. D	PARTIT'S NAME (First, Middle, Las
	Raymond Thoms

STATE	0F	MARYLAND	/ DEPAR	TMENT	OF	HEALTH	AND	MENTAL	HYG	ENE
			ERTIF	CATE	0	F DEAT	TH.		REG	NO

1. Deserraty's NAME (First, Middle, Last)	25 4		7				2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
_Raymond Thoms _			110		3	100	2 27	AT	91.	1,45 AM
4. SOCIAL SECURITY NUMBER		(In yrs. last	94	HUNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	
215-05-8610	2 F 8	5	YRS.				(Month, Day, Year) 8/17/05		A	yland
Church Hospital		11	-			R LOCATION OF DI	EATH	9c. COU	INTY OF DE	АТН
RESIDE OF DECEDENT	,			Dal	LII	nore				
10a. STATE 10b. COUNTY			10c. CITY,	TOWN OF	LOCAT	ION				10d. INSIDE CITY LIMITS?
MD			Ba	lti	moı	~ e				1XXVES 2 NO
10e. STREET AND NUMBER 125 South Linwoo	- 1 A				101	. ZIP CODE		10g. CIT		HAT COUNTRY?
						21224			US	
11. MARITAL STATUS 1 XX Never Married 2 Merried	2. WAS DECEDENT EVER FORCES? 1 YES	XXIN		14	yes, sp	ecify Cuben, Mexica	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	e or No-		Americen Indien, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR E	DATES		'	☐ YES	2XXXVO Specif	у:		whi	
15. DECEDENT'S EDUCAT (Specify only highest grade col	TION moleted)		EDENT'S US				16b. KIND OF 8L	ISINESS/IN	17 5 5 55	
	College (1-4 or 5 +)	IIIo.	Do NOT use	retired.)						
unknov	vn	mil	1 wo	rke	r		Morgan		lwar	k
17. FATHER'S NAME (First, Middle, Last)	`						AME (First, Middle, Maider	Surneme)		
Gustav R. Thoms	3	140		202500	201		a Weise			
H. LaRue Parke							Route Number, City or Tov			
20- METHOD OF DIRROGITION	20					netery, cremetory or	/Balto.		1718 - City or Tow	
XXBuriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	other ple	and	11.60		94				
21. SIGNATURE OF FUNERAL SERVICE LICE		HOLE	Tanu	22. N	AME A	D ADDRESS OF FA	CILITY			, MD
> 1/11/1/24				Mo	rar	-Ashto	n Funera	1 Ho	me,	Inc.
23. PART I. Enter the diseases, or cor	policetions that cause	d the de	ath Do no				timore S			MD 2122/
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEC	CO SUENCE OF):	کن						
PART II. Other algorificant conditions		- 4	asulting in		deriyin	g cause given in	Part I. 24a. WAS A PERFO	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					90.5	105 OF 251711 TO				
EXAMINER?	HOSPITAL:	de ette - *		OTHER	1:	LACE OF OEATH (C				
27. MANNER OF DEATH	26a: DATE OF INJURY		28b. TIME	-	_	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCURED	
1 Natural 5 Pending	(Month, Day, Year)		INJU	RY M		YES 2 NO				
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At ho	me, farm, str	eet, facto	ory, offic	:0	261. LOCATION (Street City or Town, Stell		er or Rural R	oute Number,
29e. CERTIFIER (Check only one) CERTIFYING PHYSICI MEDICAL EXAMINER:	AN: To the best of my kno On the basis of examinati) end manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NU				(Month, Day, Year)
alflus. M.						0391	643	•	2/2=	7-19 1
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITE	M 27) (Type, I	Print)) - "		1	,	
Ghassan Alayl	1 7 0	usm	use t	Ven	ve_	Gle	in Burnie	2	1061	
31. DATE FILED (Month, Day, Year) FEB 2.8 1991	32. REGISTRAR'S SIG		.00-							
20 -1001	The same printing	- Maria								DHMH-16 Rev 1/





1. DECEDENT'S NAME (First, Middle, VIOLA	V.	THORNE				02 DATE OF DEAT		91	YEAR	3. TIME OF DEATH 01:09am
4. SOCIAL SECURITY NUMBER 234–60–4945	5. SEX	6. AGE (In yrs. la 74	nst birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye Aug 26	ar)	6	Count	HPLACE (State or Foreign try) YSET, WV
SACRED HEART	HOSPITAL				ERLAND,				LEGA	
RESIDENCE OF DECEDER 10a. STATE 10b. 0	COUNTY		10c. CIT	TY, TOWN OR LOCA	TION					10d. INSIDE CITY
WV	Mineral		ŀ	Keyser						1 X YES 2 NO
60. STREET AND NUMBER	Charles I				. ZIP CODE			- 7		WHAT COUNTRY?
557 Virgini 11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDED	NT EVER IN U.S. A 1 YES 2 WAR OR DATES	RMED NO	13. WAS DEC	26726 CENDENT OF HISPA ecity, Cuben, Mexic 3 2 2 NO Spec	NIC ORIGIN? (Speci an, Puerlo Rican, et fy:	fy Yea o		Spec	E — American Indian, ck, White, etc.
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	'S EDUCATION at grade completed) College (1-4 or 5	+)	(Give kind of te. Do NOT u	B USUAL OCCUPATI work done during me use retired.)	ON ost of working	16b. KIND O				
7. FATHER'S NAME (First, Middle, L	ast)	H	lomema	aker	18, MOTHER'S N	AME (First, Middle, M	elf			
Joseph	Warnick				Emma	Mooma				
90. INFORMANT'S NAME (Type/Pric Glenn W. Thorn		1		G ADDRESS (Street		Route Number, City of Keyser			p Code)	6
23. PART I. Enter the disease shock, or hear for MMEDIATE CAUSE (Finel disease or condition	Katur	at caused the cuse on each lin	desth. Do	Rotr 85 S	outh MAi	ral Home n Street	K respire	ser,	er, [Approximata interval Betw
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	se, or complications the silure. Liet only one ce	or caused the course on each line of the course of the cou	EQUENCE O	Rotri 85 S	uck Fune	ral Home n Street	K	eyse	er, [Approximata interval Betw
23. PART I. Enter the disease shock, or hear to MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, fany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO c. DUE TO d	O (OR AS A CONSI	EQUENCE O	Rotri 85 S. not enter the mo	uck Fune outh MAi	ral Home n Street ch as cordioc or	respire	eyse etory ar	rest,	Approximate interval Betwood Onset and De On
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23. PART I. Enter the disease shock, or heart for shock, or heart for shock, or heart for shock, or heart for shock, or heart for shock, or heart for shock, or heart for shock, or heart for shock, or heart for shock, or shock, or shock, or shock, or heart for shock, or shock, or heart for shock, or heart	DUE TO DUE TO DUE TO DUE TO DUE TO A DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE	O (OR AS A CONSIDER TO CONTRACT OF INJURY Day, Year) OF INJURY — ALL II, etc. (Specify)	EOVENCE O	Rotri 85 S. not enter the mo	uck Fune outh MAi ode of dying, su g cause given in LACE OF DEATH (C) ne 6 Residence JURY AT OPKEY 2 NO	ral Home n Street ch as cerdiec or Part I. 24e. W Pe 1	AS AN A A SERFORA 2 Vy) HOW IN Street at a State)	AUTOPSY MEO! NO	24 CCURED	Approximata interval Betwood Onset and De On
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the intending physician.

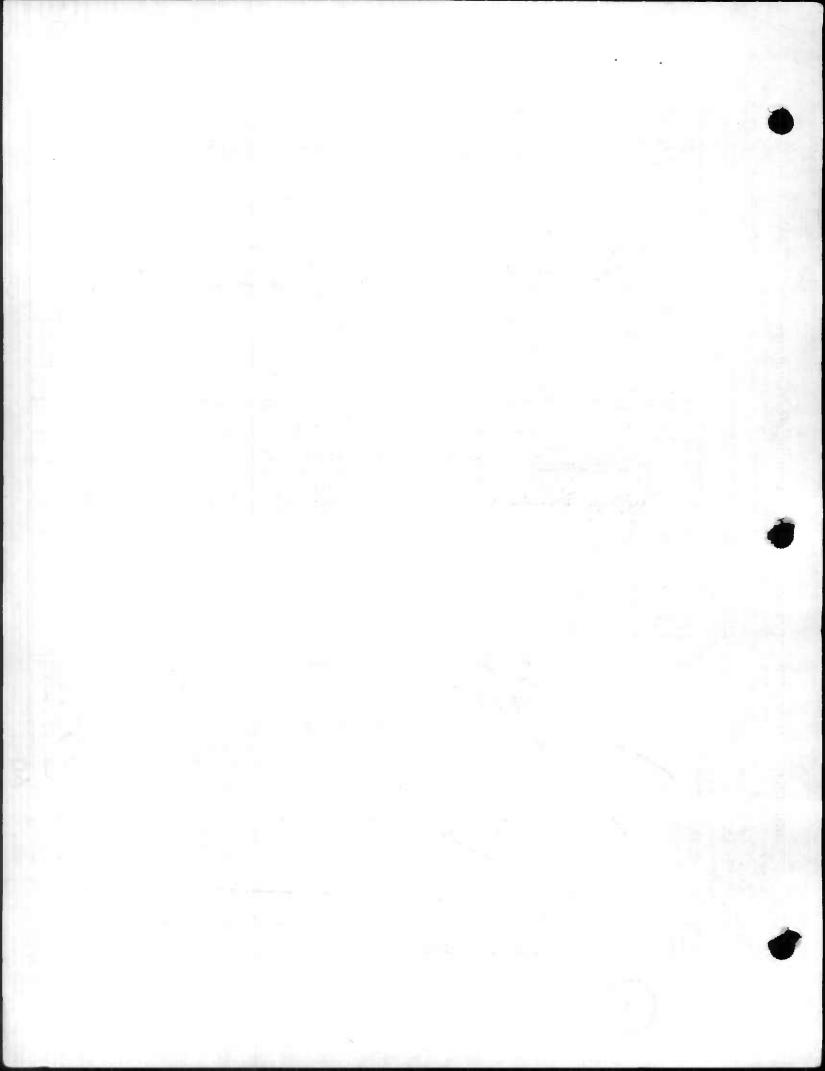
TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



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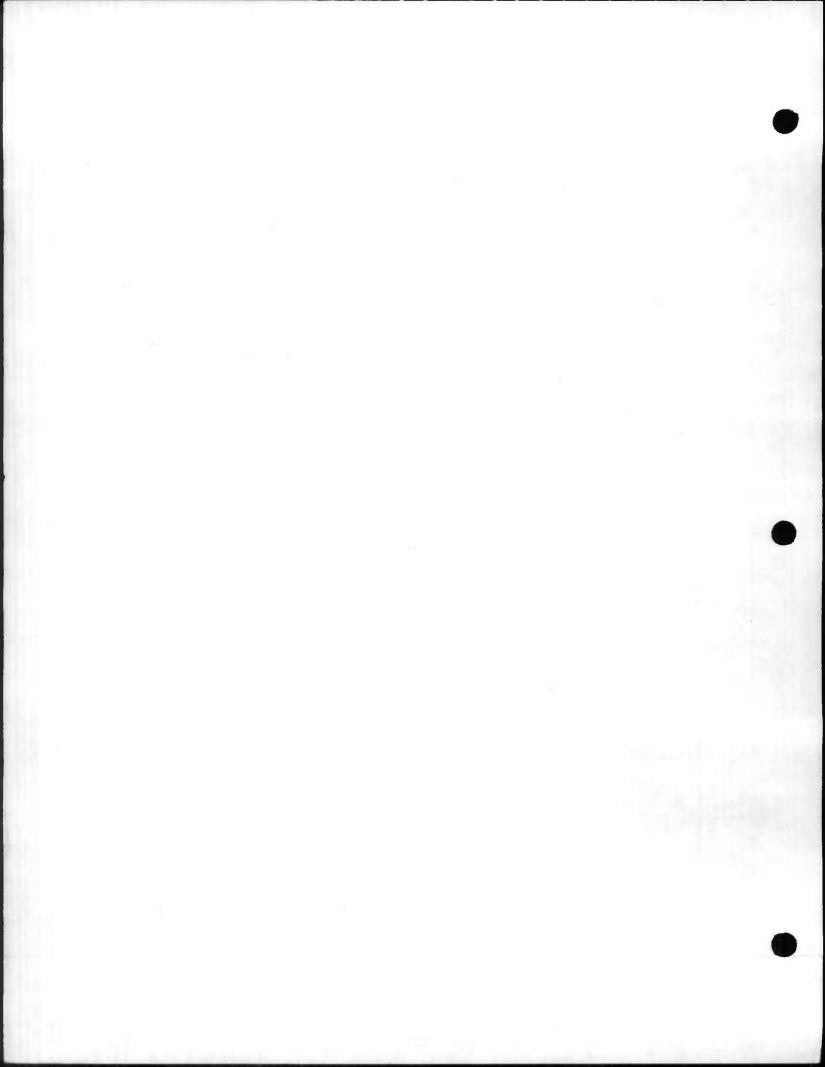
Nadine Thomas,

31. DATE FILED (Month, Day, Year) FEB 28 1991

M.D.

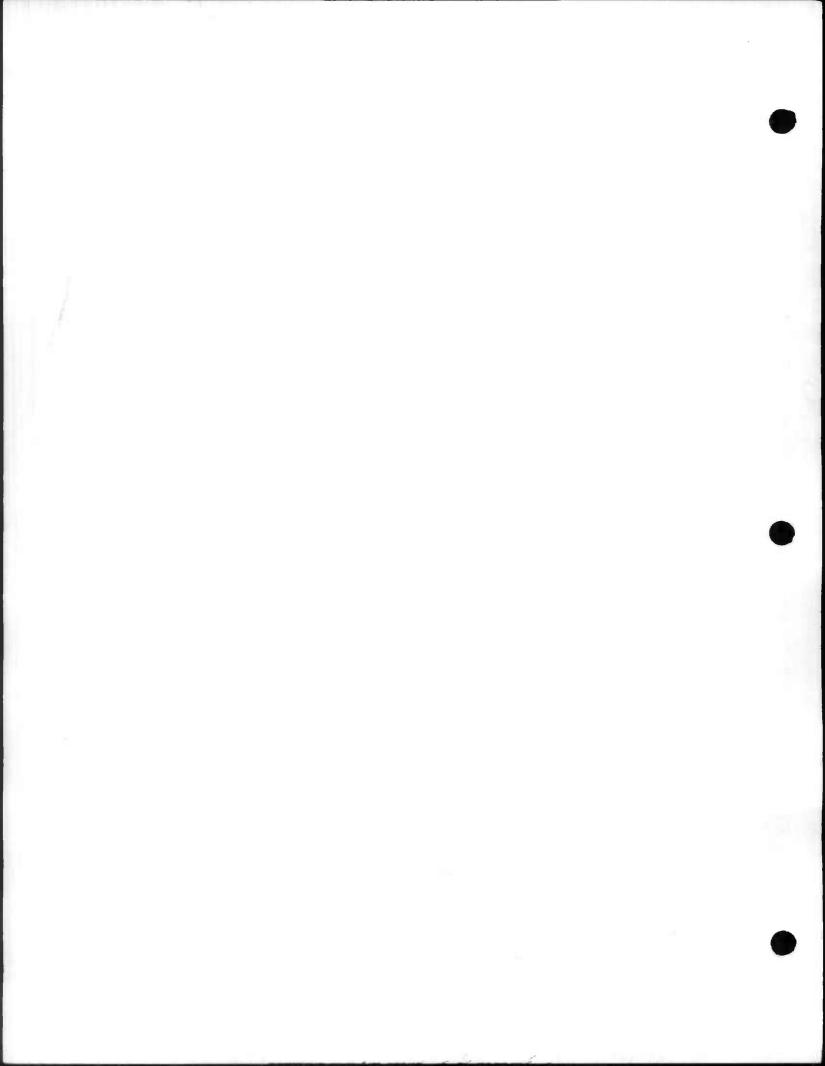
					Ser.	111111	10	1111	2 2 C	3103	05150
	1 - STATE REGISTRAR	STATE OF MARYLANI	O / DEPAR		OF H	EALTH AND I	MENTAL	HYGIEN			92130
	1. DECEDENT'S NAME (First, Middle, Last)	1 1 .		1171	. T.004	5 2 1 E 1	2. DATE O	D/		AR	ME OF DEATH
	4. SOCIAL SECURITY NUMBER	Johnnie	. last birthday)	W1L IF UNDER	LIAM	IF UNDER 24 HRS.	Febru		24, 199		4:40 pm
	246-36-0798	x ¹ x ^{M 2 □ F} 61	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, 3 – 1	Day, Year) 6-29	· ·	Country)	N.C.
OR	9a. FACILITY NAME (If not institution, give str FRANKLIN SQ	UARE HOSPITA	AL	9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE					Baltin		County
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	y, town o	IMO	RE CITY	7	_		37.3	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 27 BELLANCA	COURT			10f.	21220)		10g. CITIZEN	4 4 7	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEOENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	1-1NO		If yes, spe	ENDENT OF HISPAN Holly Cuban, Mexica 2 NO Specify	n, Puarto Ri		or No.— 14.	RACE — A Black, Whi Specify:	marican Indian, Ita, atc. Black
6	15. DECEDENT'S EDUC (Specify only highest grade of	ATION 16s	DECEDENT'S	USUAL O	CCUPATIO	N et al working	16b.	KIND OF BUS	SINESS/INDUST	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)		Bedding	g Co		Fu	11ti	lme
CON	17. FATHER'S NAME (First, Middle, Lest) Wiley Wil	liam				18. MOTHER'S NA Lizzie		_	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural					
F	Estella	Ho11y				A Ct./I	3aly:				
	26a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramo 4 ☐ Donation 6 ☐ Other (Specify)	rval from State WE	STERN	SITION (NO	AR (CEMETER	Υ	20c. LO C A	TONSV	or Town, \$, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE				MARCH		110	11 E	NORT	TH AVE.
	23. PART I. Enter the diseases, or c	omplications that caused the	a death. Do								Approximate
	IMMEDIATE CAUSE (Final	a. Alcoholic h	epatit		nd c	irrhosis	5				Interval Batween Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CO	NSEQUENCE O	F):							
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO	NSEQUENCE O	F):							
PHYSICIAN: MEDICAL CI	Anemia of Chron Small bowel obs	nic disease	not resulting	In the u	nderlylng	g cause given in	Part I.	24a. WAS AN PERFOR	RMED?	CON OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
ä	Renal failure										
ICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	5 - D	OTHE	R:	ACE OF DEATH (C)					
	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. Til		28c. INJ WO	RK?	_		INJURY OCCUP	REO	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, fac		YES 2 NO		TION (Street or Town, State,	and Number or	Rural Route	Number,
COMPLET	29a. CERTIFIER (Check only	CIAN: To the best of my knowledg	e, death occur	red at the	time, date	and place, end du	to the ceu	se(s) end me	nner se stated.		
OM	0/10) 2 MEDICAL EXAMINE	R: On the basis of examination an	d/or investigati	on, in my	opinion, d	leath occured at the	time, data	and placa, a	nd dua to the c	ause(a) and	manner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	12				29c. LICENSE NU			1	IGNED (Mor	nth, Day, Year)
2	and the second s	O COMPLETED CAUSE OF DEATH	(ITEM 27) /3-0	Print)		,.		_	1	. [

D., 9000 Franklin Square Drive, Baltimore, Maryland 21237
32. REGISTRAR'S SIGNATURE



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 no continued by the lines	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mount be detained in the first page 5 mount be detained in the first page 10 mounts.	be filed within 12 flours after order with the State Dept. Or regul and mental regions to buris, cromation, or removes. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
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	REGISTRAR		CERTI	FICATE (OF DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
	Vernon A. Wilson					2	18	91	10:00 A. M
			. AGE (In yrs. last birthda	y) IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF	BIRTH		HPLACE (State or Foreign
	236-26-0218	M 2 D F	68 YRS	MONTHS DA	YS HOURS MIN.	(Month, D	ay, Year)	Coun	'a
	9e. FACILITY NAME (If not institution, give street		00	9h CITY TO	WN OR LOCATION OF D		-	c. COUNTY OF 1	
œ	The second secon	at and numbery				LAIII			151
2	VA Medical Center			Ft.	Howard			Baltim	ore
DIRECTOR	10a, STATE 10b, COUNTY		10c, 6	TTY, TOWN OR L	OCATION				10d. INSIDE CITY
<u>E</u>	200								LIMITS?
9	DC			Distirc	t of Colum	ibia			
FUNERAL	10e. STREET AND NUMBER						"	og. CITIZEN OF	WHAT COUNTRY?
9	2224 Perry St.,	NE			20018			US	
5		12. WAS DECEDENT	EVER IN U.S. ARMED		DECENDENT OF HISPA s, specify Cuban, Mexic			No- 14. RAC	E American Indian, ck, White, stc.
	1 Never Married 2 X Married	IF YES, GIVE WAI	OR DATES		YES 2 NO Speci		iii, wiocj		Black
B≺	3 Widowed 4 Divorced	42 - 46;	48 - 65						
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION produted)	16a. DECEDEN	r's USUAL OCCU	PATION	16b. KI	ND OF BUSINE	ESS/INDUSTRY	
<u> </u>		College (1-4 or 5+) O YYS			g most of working				
립	Elementary/Secondary (0-12)	b Yrs	Retir	ed (Mil	itary)				
8	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S N	AME (First, Mide	dle, Maiden Sur	name)	
Ö	Frederick W Wi	lson			Ada Hi	gginbo	tham		
H	19a. INFORMANT'S NAME (Type/Print)		405 44411	NO ADDRESS (C	reet and Number or Bural	On the Alberta	Oh To	Note The Ordel	
2	198. INFORMANT 3 NAME (1990-1111)		1						21052
٦.	CLINICAL RECORDS.	VAMC			POINT ROAL				21052
	20a. METHOD OF DISPOSITION 12 ☐ Burlal 2 ☐ Cremation 3 ☐ Ramov	al from Stata	20b. PLACE OF DIS	POSITION (Name	of cemetery, crematory or			TION City or T	
.	4 🗆 Donation 6 🗀 Other (Specify)		Arling	ton Nat	ional		Arlin	gton, V	/a
	21. SIGNATURE OF FUNERAL SERVICE LICE		- /	22. NAI	ME AND ADDRESS OF F	Tohn '	T Phin	es Co.	Tno
4	b Jugar	Smul	M	20	15 12th S				, Inc
\dashv	23. PART i. Enter the disesses, or co								Approximete
	ahock, or haert feliure. Li IMMEDIATE CAUSE (Finel dleesse or condition resulting in death) s.		e on each line.	SE					interval Between Onset and Death
_	_	DUE TO (OR AS A CONSEQUENCE	OF):					
CERTIFICATION	Sequentisity list conditions, b.	DUE TO (OR AS A CONSEQUENCE	OFI:					
ΕI	If sny, feeding to immediate cause. Enter UNDERLYING								
유	CAUSE (Diseese or injury C.	DUE TO (OR AS A CONSEQUENCE	OF):					
ĒΙ	thet initieted events reaulting in death) LAST								
與	d.								
	PART II. Other significent conditions	contributing to	lesth but not resulting	ng in the unde	rlying ceuse given is	Part i. 2	ta. WAS AN AU		b. WERE AUTOPSY FINDINGS
EDICAL	MULTIPLE PRESSUR	E SORES					PERFORME		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	_ HOLITIBE TRESSOR	L DOMED				1	YES 24	¥MO	DF DEATH?
X					· · · · · · · · · · · · · · · · · · ·				1 TYES 2 NO
z									
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL :			28. PLACE OF DEATH (C	heck only one)			
PHYSICIAN: M	1 TES 2 NO	1- Ninpatiant 2 -	ER/Outpatient 3 🗆 DO	A 4 Nursing	Home 5 🗆 Residence	6 🗆 Other (S	Specify)		
至	27. MANNER OF DEATH	26a. DATE OF I (Month, Day	NJURY 28b.	TIME OF 28	c. INJURY AT WORK?	28d, DESC	RIBE HOW INJ	URY OCCURED	
	1 X Natural 5 Pending	(1876-1871, 1941)			YES 2 NO				
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At home, far	m, street, factory	office	28f. LOCAT	ION (Street and	Number or Rura	Route Number,
COMPLETED	4 Homicide determined	building, e	tc. (Specify)			City or	Town, State)		
Щ	29e. CERTIFIER								
4	(Check only	IAN: To the best of r	my knowledge, death oc	curred at the time	, data and place, and du	e to the cause	(a) and menne	er an stated.	
O	one) 2 MEDICAL EXAMINER	: On the basia of fixe	amination and/or investig	ation, in my opin	ion, death occured at th	e time, date ar	nd place, and o	due to the cause	(a) and manner as stated.
EC	29b. SIGNATURE AND TURE OF CHATTER	Till	2		29c, LICENSE N	JMBER	2	29d. DATE SIGNE	D (Month, Day, Year)
0	- Muc	-	1						JARY 20, 1991
5	30. NAME AND ADDRESS OF BERSON WHO	COMPLETED CAUS	E OF DEATH-OTEM 27)	Type, Print)				- 200411	20, 1771
	C.V.J. VERGHESE,		600 NORTH		שמסש מאסי	поли в	D MAD	VIAND	21052
	U.V.J. VERGRESE,	п.р. 9		TOTAL P	CAD FURI	NUWAK	U, MAK	THAMD	41004
	FF CHARLE CHARLE (March Charles March	20 0000000	PIO DIONATURE						
	FEB 28 199 Par)	32. REGISTRAF	'S SIGNATURE						



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a count after death. Page 6 may be retained by the hospital or attending physician.

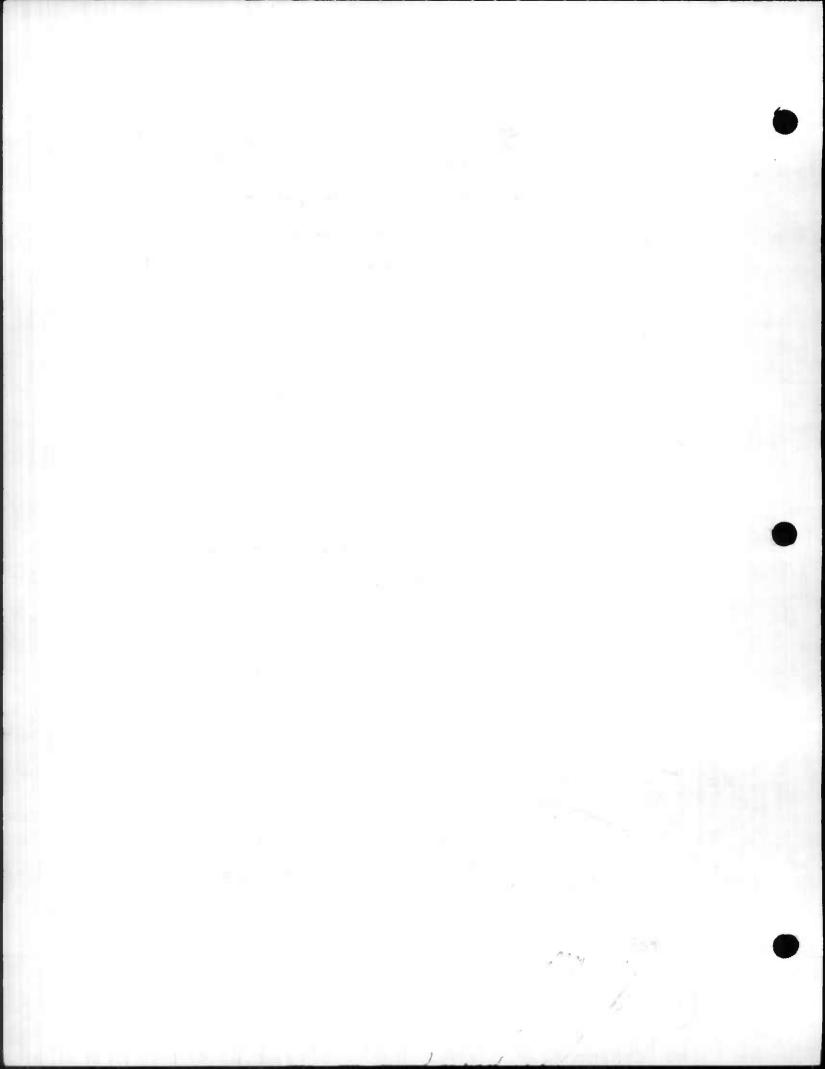
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

05152 91

FOR STATE REGISTRAR	STATE OF MARYLAND / D CEF	EPARTMENT OF H	EALTH AND W	MENTAL HYGIEN REG. NO	-	1 05152
1. DECEDENT'S NAME (First, Middle,		er	7	2. DATE OF DEATH MONTH D	Y YE	
4. SOCIAL SECURITY NUMBER UN KNOWN 9. FACILITY NAME (If not institution,	med Conter	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DEA		9c. COUNTY	OF DEATH
RESIDENCE OF DECEDEN 10a, STATE 10b, C 10c, STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Married		-	TION TOTAL		T 100 CITIZEN	10d. INSIDE CITY LIMITS? 1 LIMITS 2 NO OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2 NV HC SN +S 12. WAS DECEDENT EVEN IN U.S. ARME FORCES? 1 YES 2 WO IF YES, GIVE WAR OR DATES	Aven de 13. WAS DEC 11 you, spi	2124	C ORIGIN? (Specify Yai I, Puarto Rican, atc.)	or No.— 14.	RACE — American Indian, Black, White, etc.
15. DECEDENT': (Specify only highest Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, La	(Give life. Do	EDENT'S USUAL OCCUPATION Wind of work done during mo to NOT use retired.)		16b, KIND OF BU	SINESS/INDUST	RY
	(MASENET		1	NE (First, Middle, Meiden	Surname)	it
190. INFORMANT'S NAME (Type/Print) REUDEN V.	WAGENET P.	MAILING ADDRESS (Street a	and Number or Rural R		n, State, Zip Coc	
20e. METHOD OF DISPOSITION 1 Disposition 2 Cremation 3 4 Donation 5 Other (Specify	Removal from State other place SAN	Id Hill Cei	netery	W	CATION - CHY	or Town, State sburg, J.C.
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE Brown	22. NAME AP	LIAM (W NO	ommunity FH
shock, or heart fe IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	al H	de of dying, such	an cerdiac or reap	iratory arrest,	Appróximete Interval Between Oneet end Deatl
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A CONSEQUE d.					ZOYEY
	aditions contributing to death but not res	Builing in the Underlyin	g cause given in	Part I. 24a. WAS AF PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 YES 2 NO	CAL HOSPITAL: 1 mprilant 2 ER/Outpatient 3	OTHER:	LACE OF DEATH (Che			
2 Accident Investig	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF NO. INJURY MC	JURY AT DRK? YES 2 NO	28d. DESCRIBE NOW		
3 Suicide 6 Could r determil 29a. CERTIFIER (Check only 1 CERTIFVING One) 2 MEDICAL ED	10f bit building, etc. (Specify)	e, racin, street, ractory, orne	•	261. LOCATION (Street City or Town, State	and Number of I	nurai riodie number,
29a. CERTIFIER (Check only one) 2 MEDICAL EX	PHYSICIAN: To the best of my knowledge, death (AMINER: On the basis of exemination and/or inv					suse(a) and manner as stated.
296. SIGNATURE AND TITLE OF CE	eller & fact	- no	29c. LICENSE NUN			GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERS	on who complished cause of death (ITEM:	ZT) (Type, Print)	sk me	ed Confe	re B	altimore mas
31. DATE FILED (Month, Day, Year) FFR 2 8 19	32. REGISTRAR'S SIGNATURE					





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RE, MARYLAND 21203-3146	be retained by the hospital or
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BALTIMORE	death.
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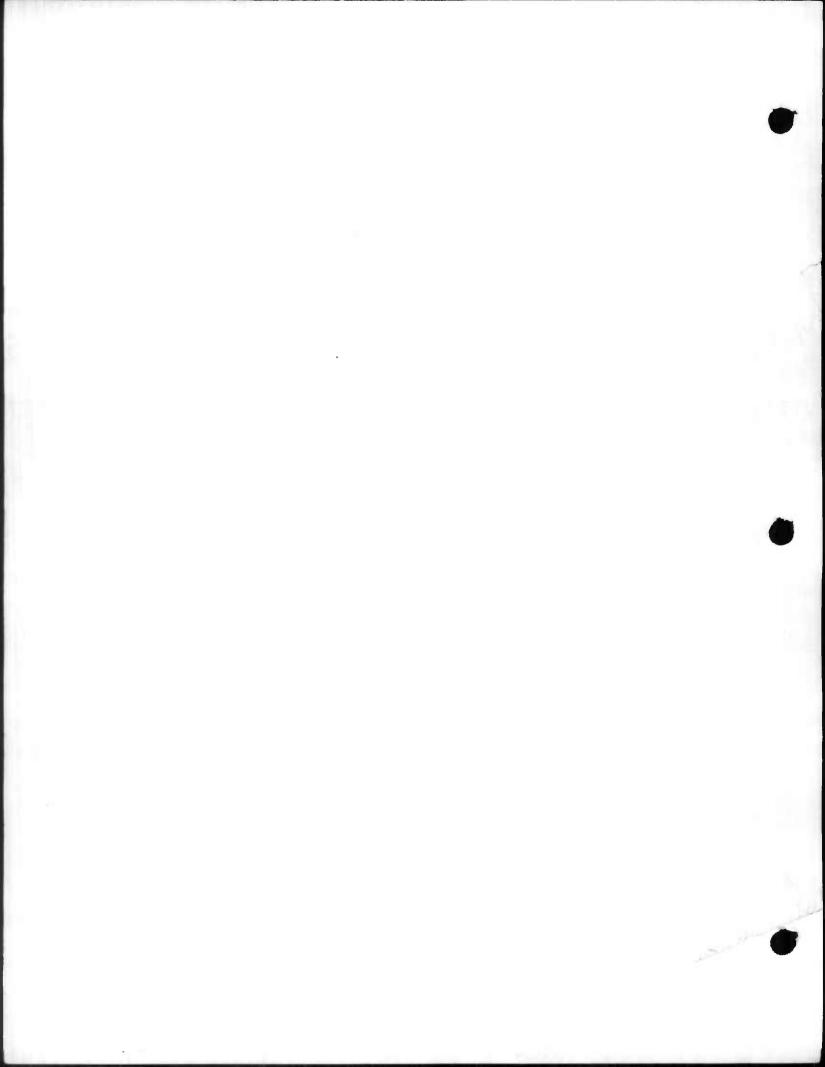
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

,	1. DECEDENT'S NAME (First,									2. DATE OF	DA	Y	YEAR	3. TIME OF DEATN
			YOUNG						_	FEBRU		6, 1		1.35 a. м
	4. SOCIAL BECURITY NUMB		5. SEX	6. AGE (In yrs		MONTHS	DAYS	HOURE	4 HRS. MIN,		Day, Ybar)	_	8. BIRTH Country	
			1)\(\)\(\)\(\)\(\)\(\) 2 \(\) F	73	YRS.						20-1			MD
۳ ا	90. FACILITY NAME (If not in MARYLAND G			т				IORE C				9c. COU	NTY OF O	EATH
6	RESIDENCE OF DEC		HUSTIIA	Ц		DA	LIII	OKE (,111					
H	10a. STATE	10b. COUNTY	1		10c. CIT	ry, town (OR LOCAT	ION						10d. INSIDE CITY LIMITS?
▫	MARYLAND				E	BALTI		, MAR	RYLA	.ND				1 🖄 YES 2 🗌 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER	TTING	ST				1	ZIP CODE	7					/HAT COUNTRY?
N.	10 Z J L	HING	12. WAS DECEDEN	T EVED IN II S	ADMED	112		2121		HC ORIOIN?	(Casalty Vac		ISA	American tedion
	1 Never Merried 2	Merried	FORCES?	YES 2	NO		If yee, sp		Mexice	n, Puerto Ric		or No—	Black	— Americen Indien, , White, atc.
BY	3 Widowed 4 Divo	rced	17 123, 0172	WAN ON DATES			1 📋 163	z _M , no	эрвспу	•			арисл	BLACK
COMPLETED		EDENT'S EDU		160	. DECEDENT'S	work done	during mo	N st of working		16b. K	IND OF BUS	INESS/INE	USTRY	
Ш	Elementery/Secondery (0	-12)	College (1-4 or 5		Me. Do NOT u			CI DI	D T 1/					
M M	8 t. h 17. FATNER'S NAME (First, M	Andrew Process			ABORE	K /	IKU							
ပ္	WILLIAM	HEN	CE YOU	NG				l .		ME (First, Mid			AL.	
BE	19e, INFORMANT'S NAME (7		01 100	III	19b. MAILING	ADDRES	S (Street o				-	HALE		
유	REBECCA		YOUNG				*							21217
	29e. METHOD OF DISPOSIT	ION	oval from State	20b. PL/	ACE OF DISPO	SITION (N	eme of cei	netery, creme	itory or			CATION —		
	4 Donetion 5 Other	(Specify)		WE	STER1			CEME			CA	TONS	VIL	LE. MD.
	21. SIGNATURE OF FUNERIA	L HURVICE LIC	CENSEE	1	11			ND ADDRESS						
	Anti	rong	2.4	lane	Ch.	W	М.С	. MAI	RCH	F.H	. 110	01 E	. NO	RTH AVE.
	23. PART I. Entar the d ahock, or h	lseasen, or (complications the	at caused the	death. Do	not antai	r tha mo	de of dyln	g, sucl	h as cerdle	c or reapl	ratory an	reat,	Approximata Interval Batween
	IMMEDIATE CAUSE (Findisease or condition	nal												Onset and Death
	resulting in death)	\rightarrow	4	NIC LY			LYMP	HOMA	WIT	H MET	ASTAS	IS		
-			DOE IC	(On AS A CO	NSEODENCE (<i>r</i> rj.								
٥	Sequentielly list condit		DUE TO	OR AS A CO	NSEOUENCE (P):								
S	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	c											
빌	that initiated events resulting in death) LAS		DUE TO	OR AS A CO	NSEOUENCE (OF):								
5月	reading in deedly Exc		d											
MEDICAL CERTIFICATION	PART II. Other algoritics	int condition	ne contributing to	death but n	ot resulting	In the u	nderlyln	g cause gl	lven in	Part I. 2	4a. WAS AN		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20										_	1 TYES 2			COMPLETION OF CAUSE OF DEATH?
ME										_				1 Nes 2 No
ÿ													1	
PHYSICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEOICAL	HOSPITAL:			OTHE		LACE OF DE	ATN (Ch	eck only one)				
1YS	1 TYES 2 X NO		1 Nopetient 2		nt 3 🗆 DOA		_	URY AT	Idence	6 Other	(Specify)	N II III OC	CUBER	
	V	Pending		Day, Year)	IN IN	JURY	W	PRK7	NO	26d. DEŞC	MBE NOW !	njoni oc	CORED	
BY	2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY — A	At home, ferm,	street, fac							r or Rural I	Route Number,
COMPLETED	4 Homicide	Could not be determined	building	, etc. (Specify)						City or	Town, State)			
7	29e. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the beat of	f my knowledge	e, death occur	red at the	time, date	and place,	end due	to the ceus	e(e) end me	nner ee ata	nted.	
No.	anal	ICAL EXAMINE	ER: On the basic of	examination en	d/or investigat	lon, in my	opinion,	seath occure	d at the	time, date e	nd place, er	nd due to t	he ceuse(e	e) end menner ee stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	P					29c. LICE	NSE NUI	MBER		29d. DAT	TE BIONED	(Month, Day, Year)
38 C	TOi	lles	ruise	-7	m							1	2/2	491
2	30. NAME AND ADDRESS O						72.4-							,
			, M.D. c			GENE	KAL	HUSPI	TAL.					
	31. DATE FILED (Month, Day, FEB 28	1991	guha Dav	AH'S SIGNATU	Hdello									1
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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, proceeds though the funeral director, proceedings and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
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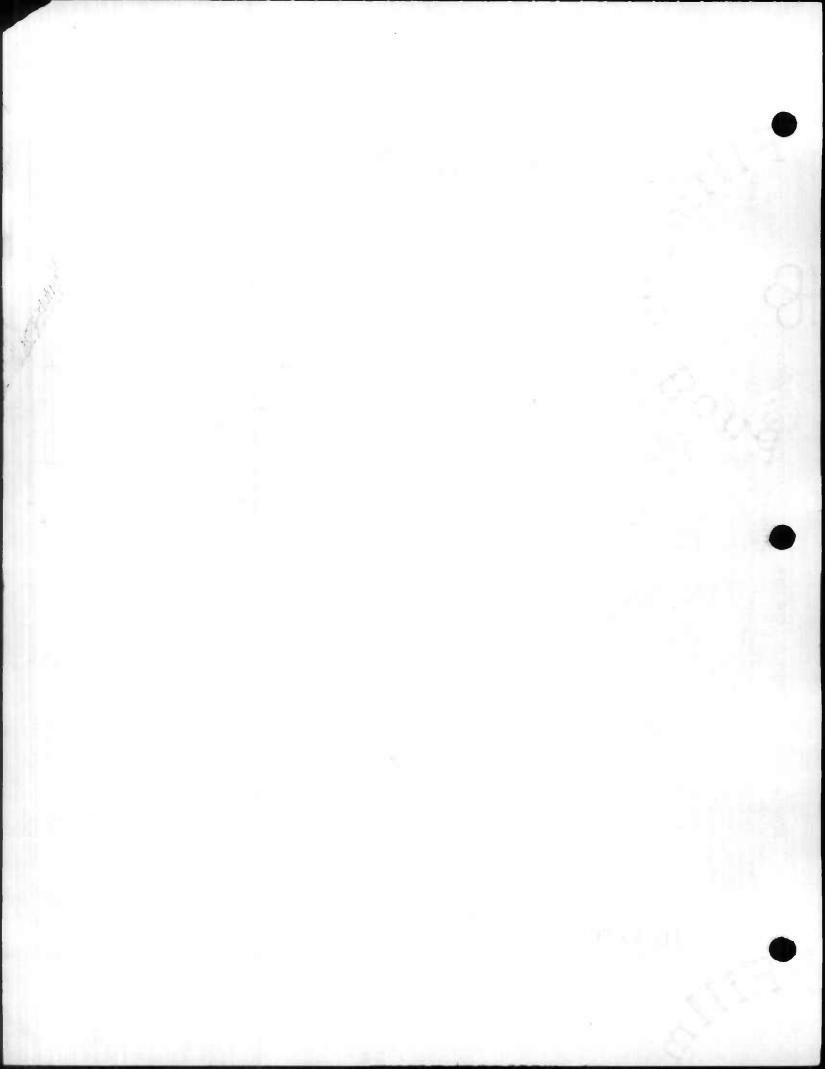
223

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH JR ester 02 OUNG 10 4 SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DC 1 M 2 F DAYS HOURS MIN. 578-60-0029 -1546 YRS 9e. FACILITY NAME (If not institution, give street and number) PC. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Adventist Takoma romer Washington DIRECTOR RESIDENCE OF DECEDEN 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Adelphi 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 20783 USA 10427 Floral Drive 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \(\bigs\) YES 2 \(\bigs\) NO 11. MARITAL STATUS 14. RACE — American Indian, Black, Whits, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Narried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.) saback 1 YES 2 NO Specify BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life to hot use retred.) District Service Mgr For Monroe Systems Elementary/Secondary (0-12) 12 Yrs College (1-4 or 5+) 4 Yrs 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Gwendolyn Dean Francis Lester Levi Young Jr BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as 10a,b,c,d,e,&f Sharronne B Young 20b. PLACE OF DISPOSITION (Name of cametery, crametory or 20c. LOCATION -- City or Town, State 20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION

1 💢 Buriel 2 Cremation 3 Removal from State

4 Donation 6 Other (Specify) Adelphia, Md George Washington Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John T Rhines Co., Inc 3015 12th St NE, DC 20017 uan 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heart fallure. List only one cause on each line Interval Betwe Onset and Death IMMEDIATE CAUSE (Final DUE TO (OR AS A CONSEQUENCE OF): disesse or condition resulting in death) My ocardo pathy CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, issding to immedista elvenned areoxic B cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) tient 2 - ER/Outpatient 3 - DOA 1 TYES 2 THO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number of Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To this best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of ex amination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated, MIGHISTURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2-27-91 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20901 Ir 11120 New Houngs les LFranklin July Davidson Hother Co.



DHMH-18 Rev 1/89

RICHARD

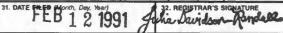
BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)		LAND / DEPAR CERTIF		F DEATH	REG. NO		
RICHARD ALPERS)				2. DATE OF DEATH FEBRUARY	13, YE	3. TIME OF DEATN 91 9:20 a.m
4. SOCIAL SECURITY NUMBER 480-58-6904		(In yrs. lest birthday) Ly YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTN (Month, Day, Year) 8-26-194	.6 8. B	IRTNPLACE (State or Foreign ountry) IOWA
99. FACILITY NAME (If not institution, give THE JOHNS HOPKIN				ORE CITY	EATH	BALTIN	OF DEATH MORE CITY
RESIDENCE OF DECEDENT 100. STATE 100. COUN New York	Bronx	10c. CIT	Y, TOWN OR LO	CATION New Y	ork		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER	76th Street			101. ZIP CODE	021		OF WHAT COUNTRY?
II. MARITAL STATUS X Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED S 2 NO	If yes,		NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 12			usual occupi work done during se retired.)	most of working		siness/industri	ΨY
17. FATHER'S NAME (First, Middle, Last)	alter Alpers				ME (First, Middle, Melder Erna Gerde		
Morley Alpers		the state of the s		#3 Joll	Route Number, City or Town	vn, Stete, Zip Cod	0)
toe. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Rei Donation 5 Other (Specify)		tob. PLACE AND DATE of comelary, crematory Union Ce	or other place)	DN (Name		meroy,	
SIGNATURE OF FUNERAL SERVICE I	Pray and				CILITY Marzul	lo Fune	zal Service Maryland 2
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	b. Phana DUE TO (OR AS C. AID	A CONSEQUENCE O	presu	oué			1/2 Me
resulting in death) LAST							
	one contributing to death	but not resulting	in the underly	/ing cause given in	Part I. 24a. WAS A PERFO	RMED?	AMAILABLE PRIOR TO
PART II. Other algnificant condition	one contributing to death HOSPITAL:		26 OTHER:	Ving cause given in	PERFO 1 DOYES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DANO	HOSPITAL: Ny Inpettent 2 ER/O 28e. DATE OF INJUR (Month, Day, Year	utpatient 3 □ DOA Y 28b, Tife	OTHER: 4 Nursing F	, place of death (c)	PERFO 1 DOYES	Hasp	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
EXAMINER? 1 YES 2 NOO 27. MANNER OF DEATN 1 Netural 8 Pending	HOSPITAL: Nonpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year	uipatient 3 □ DOA Y 28b. TiN	26 OTHER: 4 Nursing II	. PLACE OF DEATH (C) forme 5 Residence IMJURY AT WORK? YES 2 NO	PERFO 1 DYES neck only one) 8 DOther (Specify)	RMED? 2 □ NO INJURY OCCUR!	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Month, Day, Year 28e. PLACE OF INJUR 28e. PLACE OF INJUR building, etc. (S) /SICIAN: To the best of my kn NER: On the basis of examina	ulpatient 3 DOA Y 28b, Tik IN RY — Al home, ferm,	OTHER: 4 Nursing I AE OF 28c. JURY M 1 [street, factory, c	PLACE OF DEATH (CI	PERFO 1 DYES 1 DOYES 28d. DESCRIBE NOW 28d. LOCATION (Street City or Town, State to the cause(s) end man a time, date and place, of	INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO
PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 SONO 27. MANNER OF DEATN 1 Netural 8 Pending Investigation 2 Accident 8 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: Nonpettent 2 = ER/O 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR building, etc. (S) (SICIAN: To the best of my kn NER: On the basis of examina	utpatient 3 DOA Y 28b. Tilk IN. RY — Al home, ferm, pecify) owledge, death occurration and/or investigation.	OTHER: 4 Nursing I AE OF 28c. JURY M 1 [street, factory, con, in my opinion	PLACE OF DEATH (C) tome 5 Residence INJURY AT WORK? YES 2 NO iffice sate and place, end du n, death occured at the	PERFO 1 DYES 1 DOYES 28d. DESCRIBE NOW 28d. LOCATION (Street City or Town, State to the cause(s) end man a time, date and place, of	INJURY OCCURI	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO DUTAL Route Number,

1	-	FOR STATE REGISTRAR

1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last			CERTIF	IOAII		DLA			REG. NO	<i>)</i> .			
ARIS	1)	TEE			ALLE	N.T		MONTH		DAY	YEAR	3. TIME DF DI	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)		R 1 YEAR	IF UNDER	24 HRS	2. DATE	OF BIRTH	3	91	4:55	P
579-24-8953	XX M 2 G F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	27-19	10	Count	TEXAS	
90. FACILITY NAME (If not institution, give				9b. CIT	Y. TOWN I	DR LOCATI	DN DF DE	_	21-17		NTY DE D)
Temple Church Ya		ato Pos	ad.			RAL							
RESIDENCE OF DECEDENT	aru/besty	ate Roa	au							An	ne A	rundel	
10a. STATE 10b. COUN				ry, town								10d. INSIDE C	
	ARUNDEL		ARU	NDEL	ON	BAY						1 TYES X	ND
10e. STREET AND NUMBER					1.00	. ZIP COD				10g. CIT		WHAT COUNTRY	7
1323 MAGNOLIA A						2140	3				U	·S.A.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDER FDRCES? IF YES, GIVE	NT_EVER IN U.S. 1 2 XES 2 WAR DR DATES	ARMED ND	13.	If yes, sp		in, Mexice	n, Puerto I	i? (Specify Yo Rican, etc.)	e or No-	14. RAC Blac Spec	E — American lick, White, etc.	ndien,
15. DECEDENT'S E	DUCATION	16a.	DECEDENTS					16b	KIND OF BI	JSINESS/IN	DUSTRY	DARL	_
(Specify only highest gra		+)	(Give kind of life. Do NOT u	work done use retired.)	during mo	ost of workl	ng						
12	4 PLUS	"	MEDI	CAL	DOCT	OR			ME.	DICAL	DOC	TOR - I	RETIE
17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, I	Viddle, Meide	n Surname)			
JAMES A	LLEN						MARY	ETT.	A WHI	TBY			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	DADDRES	SS (Street i	and Numbe	r or Rural i	Route Numi	ber, City or To	wn, State, Zij	p Code)		
FAY W. ALLEN -M	D		1223	MAGN	OLIA	AVE	. AN	NAPO	LIS.	MD. 2	14.03		
20a METHOD OF DISPOSITION		20b. PL/	CE AND DAT	E DF DIS	POSITION	(Name		DAT		OCATION -			
4 Donation 5 Other (Specify)	emoval from State	of came	NE LA	WN M	EMOR	IAL	PARK	1	AN	NAPOL	IS.	MD. 214	401
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	101	10			ND ADDRE							
		V V V											
CHARLES E. HI 23. PART I. Enter the disesses, or shock, or heart feilur IMMEDIATE CAUSE (Final	or complications th	et ceused the	death. Do	2.4									NA . MI
23. PART I. Enter the disesses, o shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Conta	act Sho	tgun I	wound	r the mo	ode of dy	Ing, suc					DR. ANI	NA . MI
23. PART I. Enter the disesses, o shock, or heart fellur IMMEDIATE CAUSE (Final disesse or condition	s. CONTE	ACT Sho	ine. otgun i seouence o	MOUNG DF):	r the mo	ode of dy	Ing, suc					DR. ANI	NA . MI
23. PART I. Enter the disesses, o shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	s. CONTE	act Sho	ine. otgun i seouence o	MOUNG DF):	r the mo	ode of dy	Ing, suc					DR. ANI	NA . MI
23. PART I. Enter the disesses, o shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. CONTE	D (DR AS A COM	SEQUENCE (MOUNCOFF:	d of	Head	ing, suc	h as card	flec or rea	piretory an	rest,	Approx Interval Onset :	NA . Michigan A. M
23. PART I. Enter the disesses, on shock, or heart fellur immediate cause. Enter Undertying Cause. Enter Undertying Cause. Enter Undertying Cause. Enter Undertying Cause initiated events resulting in death) LAST	s. CONTO	D (DR AS A COM	SEQUENCE (MOUNCOFF:	d of	Head	ing, suc	h as card	flec or rea	PIPETORY ST	rest,	Approximateryal Onset:	NA . MI timata I Betwee and Deat
23. PART I. Enter the diseases, on shock, or heart feilur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	s. CONTO	D (DR AS A COM	SEQUENCE (MOUNCOFF:	d of	Head	ing, suc	h as card	24a. WAS A PERF(1 X) YES	IN AUTOPSY DRMEO?	rest,	DR ANI Approx Interva Onset:	NA . MI climate 1 Betwee and Deat Y FINDING: IOR TO OF CAUSE
23. PART I. Enter the diseases, on shock, or heart feilur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	s. CONTO	D (DR AS A COM	SEQUENCE (MOUNCOFF:	d of	Head	ing, suc	h as card	24a. WAS A PERF(1 X) YES	PIPETORY ST	rest,	Approximateryal Onset:	NA . MI climate 1 Betwee and Deat Y FINDING: IOR TO OF CAUSE
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23. PART I. Enter the diseases, on shock, or heart feilur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and conditions in death and conditions in the conditions in the cause of the conditions in the conditions in the cause of the caus	s. CONTA S. CONTA DUE TO C. DUE TO d. HOSPITAL:	D (OR AS A COM	SEQUENCE (WOUNGOF): OF): In the u	or the model of	Head	given in	Part I.	24a. WAS A PERF(1 X) YES (Head	NAUTOPSY PRIMEO? 2 □ NO	24 (Y)	DR ANI Approx Interva Onset:	NA . MI cimate 1 Betwee and Deat Y FINDING: 10R TO 0F CAUSE
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23. PART I. Enter the diseases, on shock, or heart feiture immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO d. HOSPITAL: 1 Inputient 2 26e. DATE D (Month, 2) 2 2 2 2 2 2 2 2 2	D (DR AS A COM D (DR	SEQUENCE CONSEQUENCE OTHE 4 N. ME DF JUNE DF	anderlyin 26. PER: unsing Hor	Head	given in	Part I.	24a. WAS A PERFO	IN AUTOPSY DRMED? 2 IN NO 3 Only See	24 Y)	DR ANI Approx Interval Onset : b. WERE AUTOPS AMAILABLE PRI COMPLETION OF DEATH? 1 M YES 2	NA . MI	
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23. PART I. Enter the diseases, on shock, or heart feiture immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient : 2-8- be be Due to calculate the contribution of the c	D (DR AS A COM D (DR	IN AUTO OF THE PROPERTY OF THE	OFFI: OF	26. PER: unsing Hor tory, office time, date	Head Head Grants Head Grants Head Grants Head Grants Head Grants Head Head Head Head Head Head Head Head	given in DEATH (Chiesidence	Part I. 8 M Other 26d. DE: Suk 28f. Loc Chy Bes	24a. WAS A PERFO 1 X YES (Head Performance of Town, State State State of Town, State State State of Town, State St	NAUTOPSY PRIMEO? 2 NO SCE VINJURY OC Shot VI and Number Shot Read Number Page 12 Road Renor ee sta	24 Y) Process Proc	Approximately and a second sec	V FINDING OF CAUSE
23. PART I. Enter the diseases, on shock, or heart feiture immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the condits of the condition of the condition of the condition of the cond	b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO 28- DATE D (Month), 2-8- 28- PLACE be be contributed to the best of	D (DR AS A COM D (DR	IN AUTO OF THE PROPERTY OF THE	OFFI: OF	26. PER: unsing Hor tory, office time, date	Head Head	given in DEATH (Chi lesidence No Vard e, and due ured at the	Part I. B M Other 26d. DE: Suk 26f. Loc. C/Or Bes	24a. WAS A PERFO 1 X YES (Head Performance of Town, State State State of Town, State State State of Town, State St	IN AUTOPSY DRMED? 2 IN NO 1 Only Sce I INJURY OC STATE AND AUTOPSY OC STATE AUTOPSY OC STATE	ene ccured sel: in or Rurai mple it. An	DR. ANI Approx Interval Onset: b. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 M YES 2 f. Route Number Church nne Aru ounty, (e) and menner:	INA . MI
23. PART I. Enter the diseases, or shock, or heart feilur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or conditions or conditions or conditions. Prostate Candon 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ness 2 No 27. MANNER OF DEATH 1 Natural 5 Pending investigations or conditions or c	b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO 28- DATE D (Month), 2-8- 28- PLACE be be contributed to the best of	D (DR AS A COM D (DR	IN AUTO OF THE PROPERTY OF THE	OFFI: OF	26. PER: unsing Hor tory, office time, date	Head Head	given in DEATH (Chi lesidence NO Vard e, and due ured at the	Part I. B M Other 26d. DE: Suk 28f. Loo City Bes to the care time, date	24a. WAS A PERFO 1 X YES (Head Performance of Town, State State State of Town, State State State of Town, State St	IN AUTOPSY DRMED? 2 IN NO 1 Only Sce I INJURY OC STATE AND AUTOPSY OC STATE AUTOPSY OC STATE	24 Y) Pine CCURED Sel: W or Rural Mple I. An sted. Co	Approximately and a second sec	WA . M. Imate I Between I
23. PART I. Enter the diseases, or shock, or heart feilur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or conditions or conditions. Prostate Cand 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. CONTACTOR OF THE PROPERTY O	DOF INJURY — A D., stc. (Specify)	IN BEDUENCE (ISEQUENCE : OF):	26. PER: unsing Hor tory, office time, date	Head Head	given in DEATH (Chi lesidence No Vard e, and due ured at the	Part I. B M Other 26d. DE: Suk 28f. Loo City Bes to the care time, date	24a. WAS A PERFO 1 X YES (Head Performance of Town, State State State of Town, State State State of Town, State St	IN AUTOPSY DRMED? 2 IN NO 1 Only Sce I INJURY OC STATE AND AUTOPSY OC STATE AUTOPSY OC STATE	24 Y) Pine CCURED Sel: W or Rural Mple I. An sted. Co	DR. ANI Approx Interval Onset: b. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 M YES 2 f. Route Number Church nne Aru ounty, (e) and menner:	NA • M Imate I Betweend Deal I Finding I Y Finding I Y Finding I Y A I Y A I Y A I Dade MD Se stated	



DHMH-16 Rev 1/89

THE E 1991 Francisco Control

FOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTO

STATE OF MARYLAND /	DEPARTMENT O	F HEALTH AND	MENTAL HYGIENE
C	ERTIFICATE (OF DEATH	REG. NO.

REGISTRAR	_	OLITIII	CATE OF	DEATH	REC	. 110.		
DECEDENT'S NAME (First, Middle, Last)	JOSHUA ASBI	URY	87		2. DATE OF DEA	ATH DAY	YEAR	3. TIME OF DEATH
— J o	shua	Ashbur	Y		2-6-9	1		7:37PM
SOCIAL SECURITY NUMBER N/A			F UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 1	bar)	6. BIRTHI Country HO	PLACE (State or Foreign
FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE			INTY OF DE	
Johns Hopkins Ho	spital		Balti	more Cit	У			
. STATE 10b, COUNTY		10c. CITY,	TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS?
	ne Arundel	F	ort Me	ade				1 - YES 2 1 NO
7238 D Hall S	Street		10	20753		10g. CIT		HAT COUNTRY?
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 🚺 NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxicar 2 NO Specify	, Puerlo Rican, e	elfy Yea or No—	Black	- American Indian, White, etc.
16. DECEDENT'S EDUC	CATION	16a, DECEDENT'S U	SUAL OCCUPATION	DN	165 KIND	OF BUSINESS/IN		willite
(Specify only highest grade Elementary/Secondary (0-12) N / A	College (1-4 or 5+)		ork done during mo		N/		DOSTRY	
FATHER'S NAME (First, Middle, Last)		1(/ 11		18. MOTHER'S NAI				
Sean Asbury				Betty				
INFORMANT'S NAME (Type/Print)		19b, MAILING A	ADDRESS (Street	and Number or Rural R		or Town, State, Zi	p Code)	
Sean Asbury		7238 I	D Hall	St., F	t. Mea	de, Mo	20	753
METHOD OF DISPOSITION Burlel 2 10 Cremation 3 Remo		0b. PLACE ANO OATE of cemetary, crematory of	OF DISPOSITION or other place)		OATE	ROC. LOCATION —	City or To	wn, Stata
SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Metro	22, NAME A	NO ADDRESS OF FAC	CILITY	altimo		
Dall 10	alla		Hard	esty Fu	neral Md 214	Home,	12	Ridgely
sease or condition								Onset and Des
suiting in death)	ANOXIC ENCE DUE TO (OR AS DEATH SYNDR	A CONSEQUENCE OF		ICATING N	VEAR SU	DDEN IN	FANT	Onset and Des
quentially list conditions, any, leading to immediata	DEATH SYNDR	A CONSEQUENCE OF) A CONSEQUENCE OF)):	ICATING 1	VEAR SUI	ODEN IN	FANT	Onset and Des
quentially list conditions, sny, leading to immediata use. Enter UNDERLYING USE (Disease or injury at initiated events aulting in death) LAST	DEATH SYNDR	A CONSEQUENCE OF)):	ICATING 1	VEAR SUI	ODEN IN	FANT	Onset and Det
quentially list conditions, my, leading to immediata use. Enter UNDERLYING USE (Disease or injury t initiated events witing in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF)):		Part J. 24a.	MAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE
quentially list conditions, sny, leading to immediata use. Enter UNDERLYING USE (Disease or injury it initiated events suffing in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF)):		Part J. 24a.	MAS AN AUTOPSY	24b	WERE AUTOPSY FINDING
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quentially list conditions, say, leading to immediata use. Enter UNDERLYING USE (Olsease or injury at initiated events suiting in death) LAST	DUE TO (OR AS DEATH SYNDR DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	28. P OTHER: 4 \(\text{Nursing Hor} \) OF 28c. IN (Nursing Hor) W	g causa given in	Part I. 24a. 1	AINS AN AUTOPSY PERFORMED? YES 2 □ NO	24b	WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
quentially list conditions, my, leading to immediata use. Enter UNDERLYING USE (Disease or injury it initiated events suiting in death) LAST RT II. Other algnificant condition WAS CASE REFERRED TO MEDICAL EXAMINER? **TATES 2 NO MANNER OF DEATH Notural 5 Pending investigation Suicide S Could not be	DUE TO (OR AS DEATH SYNDR DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS A contributing to death HOSPITAL: XXXIII Appatient 2 XXXIII Appatient 2 XXXIII Appatient 2 XXXIII Appatient 2 XXIII Ap	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in tipetient 3 □ DOA 28b, TIME INJU	OTHER: OF UNING HOP WM 1 1	g cause given in	Part I. 24a. 1	ANS AN AUTOPSY PERFORMED? YES 2 NO Ify) HOW INJURY OF	24b	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
quentially list conditions, any, leading to immediata use. Enter UNDERLYING USE (Olsease or injury to initiated events suiting in death) LAST RT II. Other algnificant condition WAS CASE REFERRED TO MEDICAL EXAMINER? LEXAMINER? LEXAMINER OF DEATH Natural 5	DUE TO (OR AS DEATH SYNDR DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in typetient 3 DOA 28b. Time INJU TY — At home, farm, st ecify)	28. P OTHER: 4 Nursing Hor OF 28c. IN WY 1 1 treet, factory, offliction, dat	LACE OF DEATH (Channe 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a. I	AMS AN AUTOPSY PERFORMED? YES 2 NO HOW INJURY OF Control of the	24b	WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MX YES 2 NO Route Number,
quentially list conditions, any, leading to immediata use. Enter UNDERLYING USE (Olsease or injury to initiated events suiting in death) LAST RT II. Other algnificant condition WAS CASE REFERRED TO MEDICAL EXAMINER? LEXAMINER? LEXAMINER OF DEATH Natural 5	DUE TO (OR AS DEATH SYNDR DUE TO (OR AS DUE	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in typetient 3 DOA 28b. Time INJU TY — At home, farm, st ecify)	28. P OTHER: 4 Nursing Hor OF 28c. IN WY M 1 Interest, factory, office	LACE OF DEATH (Channe 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a. 1 1XXX sck only one) 6 Other (Spec 28d. DESCRIBE 28f. LOCATION City or Town to the cause(s) of time, date end p	NAS AN AUTOPSY PERFORMED? YES 2 NO Ify) HOW INJURY Of (Street and Number 1, State) and manner as at lace, and due to	CCURED or or Rural II sted. the cause(s	WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MX YES 2 NO

SUMPLE SEED LINE (COL) HIT

permit. Pages 1, 2,

notified at pe must examiner in by the 1 medical 6 completely filled rial, cremation, the traumatic event, and com 2 the attending physiclan I Mental Hygiene prior to other 0 injury, been signed by th shows any has b 23 Hem certificate h 10 .

PHYSICIAN: MEDICAL

BY

COMPLETED

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OR ATTENDING PHYSICIAN: The law

HOSPITAL

THE P

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this c. marked,

FUNERAL DIRECTOR: After this within 72 hours after death were trans. If item 28 is marks

IMPORTANT:

91 05 158 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH 2. DATE OF DEATH 900 GEORGE HWERSON ewe 7. DATE OF BIRTN (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. BIRTNPLACE (State or Foreign 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 XM 2 - F 215-38-0857 1931 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH PENINSULA GENERAL HOSPITAL SALISBURY WICOMICO DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Maryland Somerset Deal Island 109. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 21821 Box 34 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) Waterman Seafood 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) George Dewey Anderson, Sr. Webster Agnes 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Silvia Anderson Box 34. Deal **I**sland 21821 Md 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20a_METHOD OF DISPOSITION
1 M Burial 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, Stata Donation 6 - Other (Specify) Deal Island. Johns U.M. Cemeterv 21. SIGNATORIA OF FUHERAL BERVICE ASCENSES 22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home inna Princess Anne. Md. 21 PMT i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, Approximate shock, or heart feliure. List only one cause on each line. Interval Between Onast and Death IMMEDIATE CAUSE (Fine) disease or condition anow resulting in death) CERTIFICATION

Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury . Enter UNDERLYING that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 28. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL 1 YES NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 🗆 Nurs ng Nome 5 🗆 Rasidenca 6 🗆 Other (Specify) 28a. DATE OF INJURY 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Natural Acoldent 1 YES 2 NO Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

CERTIFIER
CONTINUES PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the Jessia of eyar ination and/or investigation, in my opinion, death occured at the time, date and placa, and dua to the causs(a) and manner as stated. 299. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER

24a. WAS AN AUTOPSY

COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

ENT ARNE)

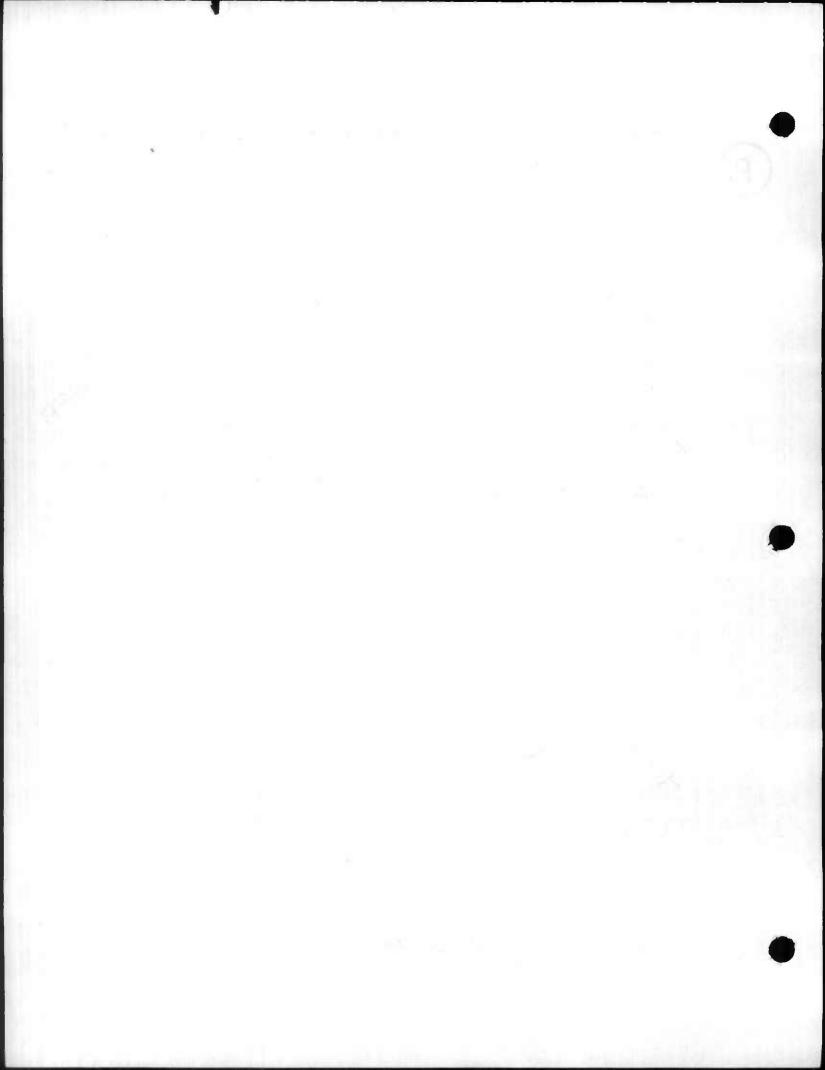
31 DATE FILED (Month, Day, Year) 32. AEGISTRAR'S SIGNATURE 9

whie Davidson Pardell

DHMH-15 Rev 1/89

24b. WERE AUTOPSY FINDINGS

MAN ARLE PRIOR TO

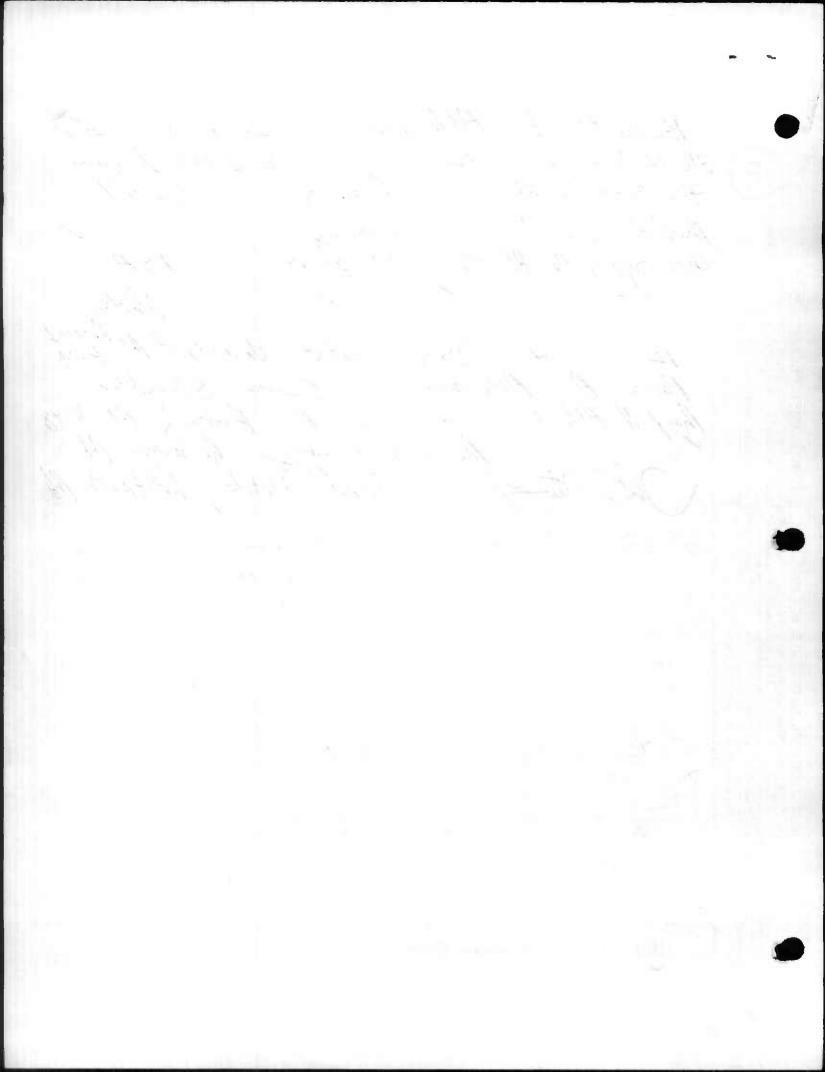


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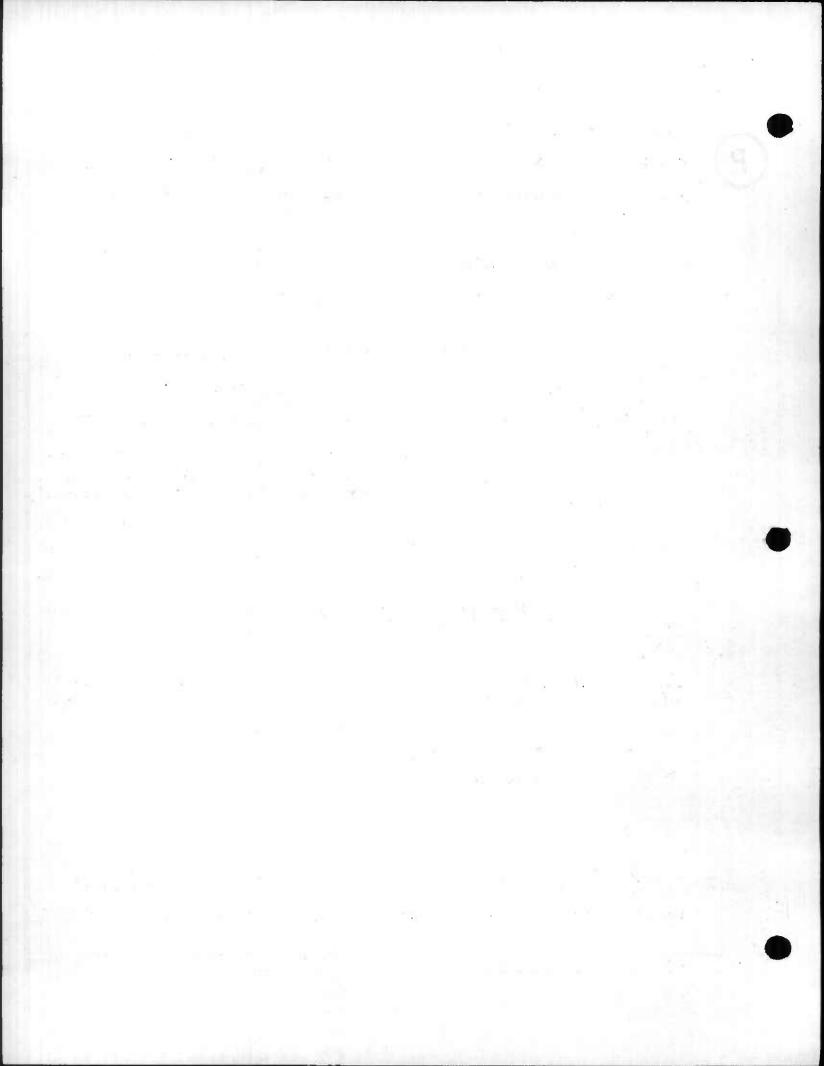
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HEALTH AND N CATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	[A11	han	2. DATE OF DEATH MONTH 2 - 14-19	YEAR 1.25 PM				
	011 12 7/01	SEX 6. AGE (In yrs. lest birthday) 82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 1908	8. BIRTHPLACE (State or Foreign County),				
CTOR	90. FACILITY NAME (If not institution, give story 4600 SVKeSUILLE	end number)	96. CITY TOWN OR LOCATION OF DE	ATH 9c. COU	GIO				
DIRECT	RESIDENCE OF DECEDENT 104 MATE 104 OF THE COUNTY 104 OF THE COUNTY	10c. CITY	JOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 4 NO				
FUNERAL C	10. STREET AND NUMBER	& Rd. Trailer	/// 101. ZIF CODE /// 21048	10g. CiTi	ZEN OF WHAT COUNTRY?				
	1 Never Merried 2 Merried	R. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PAO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cubin, Maxice t YES 2 NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, stc.				
TED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCAT: (Specify only highest grade con	npleted) (Give kind of v	USUAL OCCUPATION vork done during most of working	16b. KIND OF BUSINESS/IND	WAY RESEARCH				
COMPLET	Elementary/Secondary (0-12)	College (14 or 5+) Dairy	Scientist	University o	+ Md. Fark				
BE	190. INFERMANT'S NAME (FOR PRINTED A.	Alderman	ADDRESS,(Street and Number or Ryral P	ME (First, Middle, Melden Surname) CHA Growte Number, CIM or Town, State, Zip	ughter				
5	May N. Hide.	Man 4600	Sykesuille Rd.	Finksbuz	City or Town, State 1				
	1 Buriel 2 Cremetion 3 Removal 4 Donation 6 Other (Specify)	from State	22. NAME AND ADDRESS OF FA	he Sta	nster M.				
	V 1607	W. A.	Thoras J. F	letcher, h	estainsk /hb				
	23. PART L'Enter the diseases, propried ahock, princert feliure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	t only one cause on each line. RES P1 (2)	PATORY.	A LUR	Approximate interval Batween Onset and Daath				
CERTIFICATION	Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CAL CE	PART II. Other aignificent conditions of	contributing to deeth but not resulting	in the underlying ceuse given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MED				1 _ YES 2 (NO	OF DEATH?				
PHYSICIAN:		OSPITAL:	28. PLACE OF DEATH (Ch						
	1 YES 2 XNO 1 27. MANNER OF DEATH Natural 5 Pending	Inpatient 2 ER/Outpetient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. TIM INJ		6 Other (Specify) 28d. DESCRIBE HOW INJURY OCC	CURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined	26e. PLACE OF INJURY — At home, farm, a building, etc. (Specify)		261. LOCATION (Street and Number City or Town, State)	or Rural Route Number,				
COMPLET	and and	N: To the best of my knowledge, death occurr On the basie of examination end/or investigation							
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	OCU)	29c. LICENSE NUM		E SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO ON Rappaya M.D. F.C.		4 4	1	15 //				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	0	inter PD 2	1157				
ш	FEB 15 '91	Julia Davidson Panda	6		DHMH-16 Rev 1/8				



DHMH-16 Rev 1/89

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF REGISTRAR CERTIFICATE OF MARYLAND / DEPARTMENT OF MARY		IENTAL HYGIENI	E					
	1. DECEDENT'S NAME (First, Middle, Last) ORVILLE G; AUSEN	2. DATE OF DEATH MONTH DAY YEAR 930 P							
	4. SOCIAL SECURITY NUMBER 50 303 5426 1 X M 2 G F 75 YRS. MONTHS DA	YS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) JULY 3, 19	0.000	THPLACE (State or Foreign ntry) Minn.				
8		MOR LOCATION OF DEA		9c. COUNTY OF HOWA	DEATH				
рівестор	RESIDENCE OF DECEDENT 10e. STATE 10b. CQUNTY 10c. CITY, TOWN OR LE				10d. INSIDE CITY				
					LIMITS?				
FUNERAL	7092 WINTER ROSE BATH	2104	5	10g. CITIZEN OF	US.				
BY	1 Never Married Married FORCES? 1 YES 2 NO If yes	OECENDENT OF HISPANIC s, specify Cuban, Mexican, YES 2 NO Specify:	, Puerto Rican, etc.)	Bla	CE — American Indian, ack, White, etc.				
LETED	15. DECEDENT'S EQUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16e. OECEDENT'S USUAL OCCU (Give kind of work done durin the December of th		18b. KIND OF BUS	overnme					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAM	IE (First, Middle, Maiden		enc				
BEC	Eric Ausen		ilda Nory						
101	190. INFORMANT'S NAME (Type/Print) Mrs Marguerite Ausen 7092 Wint	er Rose I			Md 21045				
100	20e. METHOO OF DISPOSITION \$\times_{\			cation - city or ward Co	Town, State				
cyannica		ry H Witz			ne Inc icott City				
m, me medica	23. PART I. Enter the disease, or complications the caused the death. Do not enter the abock, or heart talk to. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):		as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death 5 Weeks				
N	A DULT RESPIRATORY	DISTRES	s Synd	ROME	5 week				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of): My coplasmc Dneumoniae pneumonia Due to (or as a consequence of):								
ERT	resulting in death) LAST								
PHYSICIAN: MEDICAL (PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Conges twis lear failur! A Theoscleratic hear dustine 246. WAS AN AUTOPSY PINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO								
IAN:	26. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
IYSIC		Home 5 - Residence 6							
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 26. DATE OF INJURY 28b. TIME OF INJURY WORK? M 1 YES 2 NO 26d. DEŞCRIBE HOW INJURY OCCURED 1 YES 2 NO								
	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, building, etc. (Specify)	office	28f. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, one)				e(a) and manner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER AND M.D. 29c. LICENSE NUMBER 29d. DATE SIGNEO (Mogth, Day, Year) 29d. DATE SIGNEO (Mogth, Day, Year)								
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WILLIAM PARNES M.D. 11085 LITT	E PATUXEN	YT PKWY	Cocumi	BIN MD 21044				
	31. DATE FILED (MONTH, Day, Your) FEB 0 7 '91 Grilia Savidson-Andrea								

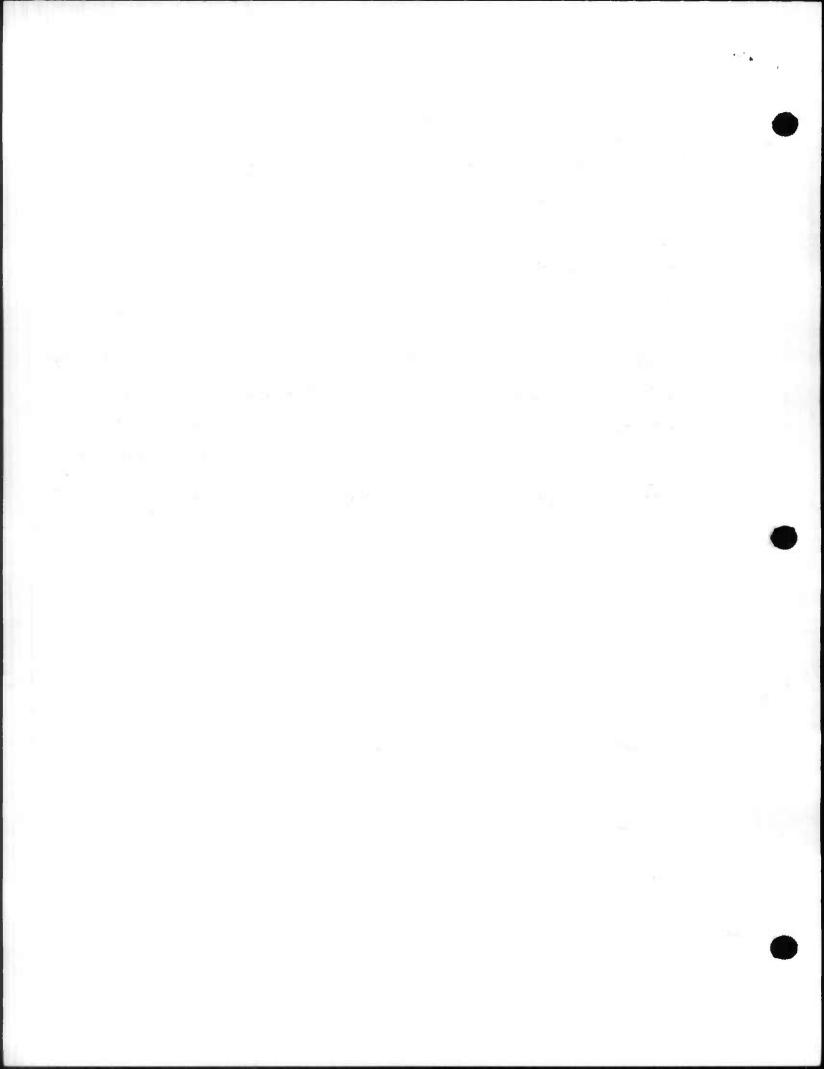


	Pag.		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdat-transit permit. Pag	be filed within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Þ	FOR	STATE OF MARYLAN	ID / DEPAF	RTMENT OF	HEALTH AND I	MENTAL HY	GIENE	91	05	161
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		AFRE	LOATE OF		2. DATE OF D	G. NO.	9"	3. TIM	E OF DEATH A
)	4. SOCIAL SECURITY NUMBER 239-03-5123 1X M 2 F 80			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI	RTH (MY)	8. B	RTHPLACE ountry)	(State or Foreign
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN	OR LOCATION OF DE			c. COUNTY C		rth C.
OB B	8218 Rubbling Spr		Laurel				Howard			
DIRECTOR	10a. STATE 10b. COUNTY Haryland Howar			TY, TOWN OR LOCATION					10d. II	ISIOE CITY IMITS? YES 244 NO
FUNERAL	8218 Bubbling Spr			101. ZIP CODE 20723			10g. CITIZEN OF WHAT COUNTRY? USA			
BY	11. MARITAL STATUS 1 Never Merried 27. Married 3 Widowed 4 Divorced	S. ARMED 2 ANO ES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yi If yes, specify Guban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify:			ecify Yea or atc.)	oa or No- 14. RACE — American Indian, Black, Whita, atc. Specify: Shite			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Callege (1-4 or 5 +)	General Section Carper		FION nost of working			ess/inoustr		
BE COM	17. FATHER'S NAME (First, Middle, Last) Edgar L. Alexande	er			18. MOTHER'S NA			mame)		
TO B	190. INFORMANT'S NAME (Type/Print) Ruby Beaver				and Number or Rural					23
	24a. METHOD OF DISPOSITION 143 Burlal 2 Cremation 3 Rem	20b. P			emetery, crematory or			TION — City		
	4 Donation 8 Other (Specify)		Cemetery				Highland, Haryland			
)	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	1		Sandy Spi	Fle				e, Inc. 20707
	IMMEDIATE CALISE (Final	List only one couse on each a. Due To (on as a Court of the court of t	h Ilna.	Lung	, ,		or respira	tory arrest,		Approximate nterval Batwean Driset and Daath
CERTIFICATION	Sequantially list conditions, if eny, lasding to immediate cause. Enter UNDERLYING CAUSE (Discesse or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d.									
MEDICAL	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. ATITYLOSCLERATIC (ARCOTOL/ROCAL) DESCRIPTION OF CAUSE OF DEATH? 1 YES 2 DNO 24a. WAS AN AUTOPSY PINDINGS ANALIBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DNO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER									
IYSI	HOSPITAL: 1 VES 2 DATO 1 inpatient 2 ER/Outpetlant 3 DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUPATION OF COLUMN OF CALL OF CA									
	1 Natural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	200. IN	JURY	YORK?	260. DESCHIE	E HOW INJ	URY OCCURE	U	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm,	home, farm, street, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			umber,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE C	29b. SIGNATURE AND TITLE OF	29c. LICENSE NUMBER 29			29d. DATE SIGNED (Month, Day, Year)					
5	30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VERSON, To Leave Month, Day, Year) Sagregistran's signature FEB 1 3 91 Sina Davidson—Andaba									

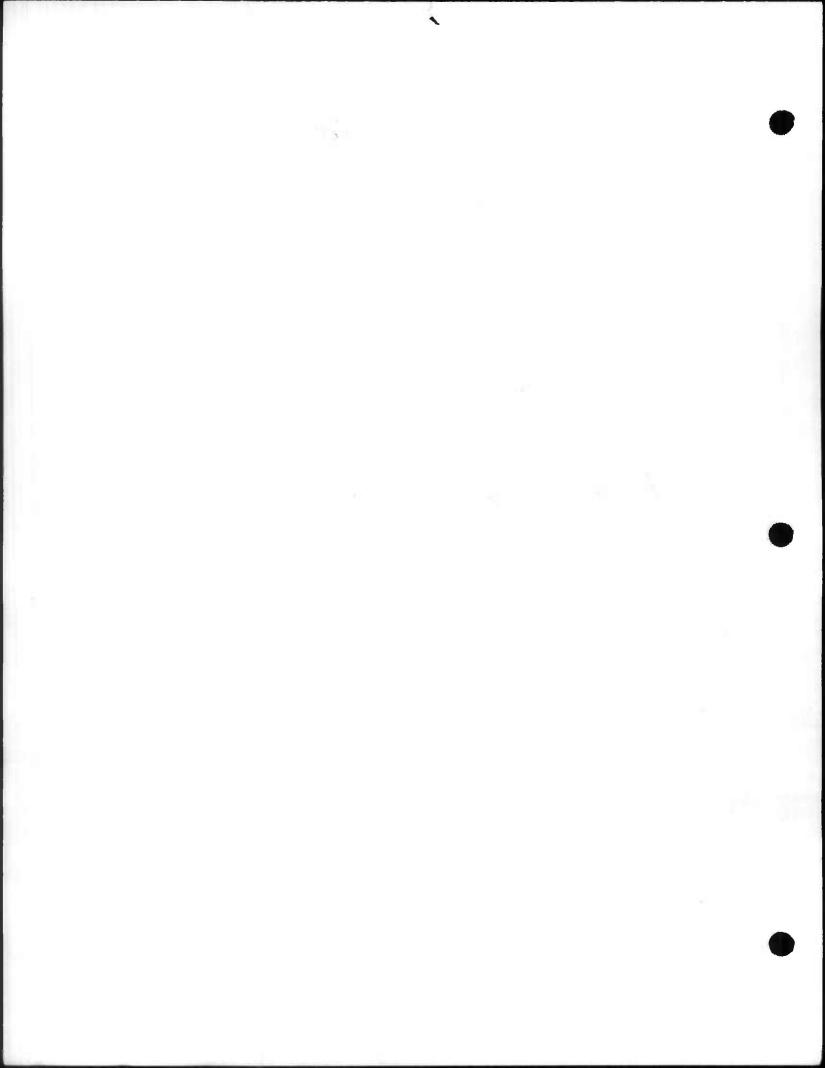


1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMEN CERTIFICAT	T OF HEALTH AND I	MENTAL HYGIE REG. N						
1. DECEDENT'S NAME (First, Middle,	BEEPRIE A	LDER		2. DATE OF DEATH	DAY YEAR					
4. SOCIAL SECURITY NUMBER 220-26-590	07 10 M2 DF 8	5 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	905 7	RTHPLACE (State or Foreign unity)				
9a. FACILITY NAME (If not institution,	HEALTHCAE		r, town or location of di <u>REDIER</u> 10		9c. COUNTY OF DEATH FREDRICK					
10a. STATE 10b. C	ARROLL	10c. CITY, TOWN	ESVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
100. STREET AND NUMBER	AVE	, /	21784	1	10g. CITIZEN C	F WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	leyer Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican,									
15. DECEDENT' (Specify only highes: Elementery/Secondary (0-12)		16a. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.)	during most of working		BUSINESS/INDUSTR					
17. FATHER'S NAME (First, Middle, La	2	LIP, B	18. MOTHER'S NA	K-FIL-LOSTATE HOSP,						
JOSEPH 19a. INFORMANT'S NAME (Type/Print			ARCARET AKARD Rural Route Number, City or Town, State, Zip Code)							
MADGE J	200	PLACE OF DISPOSITION (A	AVE Syles		10. 2/79 LOCATION - City o					
4 Donation 5 Other (Specify	1 Burlel 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) Other (Specify) Other (Specify) HAMPSTERD, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
> Haves 21	Haight on complications that caused		HAIGHT FUNER.	OLHONE B	x 19554	Lesville, 40				
shock, of heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algnificant con	ditions contributing to death b	out not resulting in the u	nderlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FI ANALABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF LOT DEATH?						
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:	ОТНЕ								
1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending		28b. TIME OF INJURY	TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY WORK?			D				
2 Accident Investig 3 Suicide 8 Could r 4 Homicide determi	28a. PLACE OF INJURY building, atc. (Spe	RY — At home, farm, street, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
(anoth any	PHYSICIAN: To the best of my know					ise(e) and menner ee stated.				
29b. SIGNATURE AND TITLE OF CE		M.D.	29c. LICENSE NU			NED (Month, Day, Year)				
31. DATE FILED (Month, Day, Year)	22 REGISTRAR'S SIGN									



		FOR STATE REGISTRAR	,	STATE OF N	IARYL			TMENT				MEN	TAL HYGIENI REG. NO.	E		. 0 0
$\backslash \lceil$	į	1. DECEDENT'S NAME (First, Middle	a, Last)	0.1	1			n	111	1			ATE OF OEATH		YEAR	3. TIME OF DEATH
1		4. SOCIAL SECURITY NUMBER	T e	Cha	Y les	S In yrs. lest	hintholms)	IF UNDER	1 1 1/4		R 24 HRS.	3	TE OF BIRTH	19	19/	1PLACE (State or Foreign
		398-14-23	- 23	₩ 2 ☐ F	66		YRS.	MONTHS	DAYS	HOURS	MIN.		25/24		Count	sconsin
- }		9a. FACILITY NAME (If not institutio		**		1 .		9b. CITY	TOWN C	R LOCAT	ION OF DE	_	,, = 5, = .	9c. COU	NTY OF C	
	DIRECTOR	Harford Memorial Hospital Havre de Grace Harford RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY									ford					
1		Maryland		ford				y, town o	en							10d. INSIDE CITY LIMITS? 12 YES 2 NO
	FUNERAL	602 South	Gate	Road					101	210				_	.S.A	
-	.¥	1 Never Married 2 X Married FORCES? 1 X YES 2 NO If yes					If yes, sp	AS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- yea, apecify Cuben, Maxican, Puarto Rican, etc.) 14. RACE — Americ Black, White, at Specify: While				E — American Indian, k, Whita, atc. ally: Lite				
		15. DECEDEN' (Specify only highe	r'S EDUCATI	ION npleted)		18a. DE:	CEDENT'S	USUAL Owork done	CCUPATIO	ON at of work	ding		18b. KIND OF BUS	INESS/IN	DUSTRY	
	COMPLETI	Elementary/Secondary (0-12)	C	College (1-4 or 5 -	r)			e retired.) -Ins					U.S.	Govt		
OUC	00	17. FATHER'S NAME (First, Middle,	,										rst, Middle, Maiden	Sumame)		
ed a	B	William B.		iet		404	MAILIM	ADDRES	D /Ohmat a				anney Number, City or Town	- Ctata 7	la Carla)	
notifi	2	Helen B. Bil														001
examiner must be notified at once.		Helen B. Billiet 602 South Gate Road, Aberdeen, MD 21001 200. METHOD OF DISPOSITION 103 Burlas 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Harford Memorial Gardens Aberdeen, Md.														
iner		21. SIGNATURE OF FUNERAL SER	VICE LICEN	SEE				22.	NAME A	NO A OOR	ESS OF FA	CILITY	,			
ехаш		> Konneth	R	Can	10								Funeral 21001-33		, P.	Α.
or other traumatic event, the medical	CERTIFICATION	23. PART I. Enter the disease shock, or heart if immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	allure. Lla	DUE TO	(OR AS)	CONSECUTION	SUENCE O	hom	tha mo	her her	Manager of the state of the sta	n aa	tec	isti	L Contract	Approximate interval Between Onset and Death
shows any injury,	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PROFINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO														
Item 23	SICIAN:	25. WAS CASE REFERRED TO ME- EXAMINER?	-	IOSPITAL:				ОТНЕ		LACE OF	DEATH (C	heck or	nly one)			
or H	YSI	1 TYES 2 NO		☐ Inpatient 2		petlant 3	_	4 🗆 Nu	raing Hon		Residence	7	Other (Specify)			
marked,	PHY	27. MANNER OF DEATH 1 → Natural 8 → Pendi	ng	28a. DATE Of (Month, i			28b. TH	JURY M	W	JURY AT ORK? YES 2	□ NO	28d	DESCRIBE HOW I	NJURY O	CCURED	
28 is ma	TED BY	2 Accident invest 3 Suicide 6 Could 4 Homicide determ		26a. PLACE (building	OF INJURY , atc. (Spe	Y — At he	me, farm	st/001, /g				281.	LOCATION (Street City or Town, State)		er or Rural	Route Number,
If Item	COMPLE	COMPON ONLY											e cause(a) and me data and placa, ar			(a) and menner as stated.
MPORTANT	H	29b. SIGNATURE AND TITLE OF C	entirien			M	R			29c. Li	CENSE NU	MBER	175	29d. DA	TE SIGNE	O (Month, Day, Year)
-	2	30. NAME AND ADDRESS OF PER	ISON WHO	COMPLETED CAL	JSE OF DI	EATH (ITE	M 27) (Typ)	e, Print)	00	1						
		31. DATE FILED (Month, Day, Year) FEB 1 9 '9 1		32. REGISTR	AR'S SIGI	NATURE							-			

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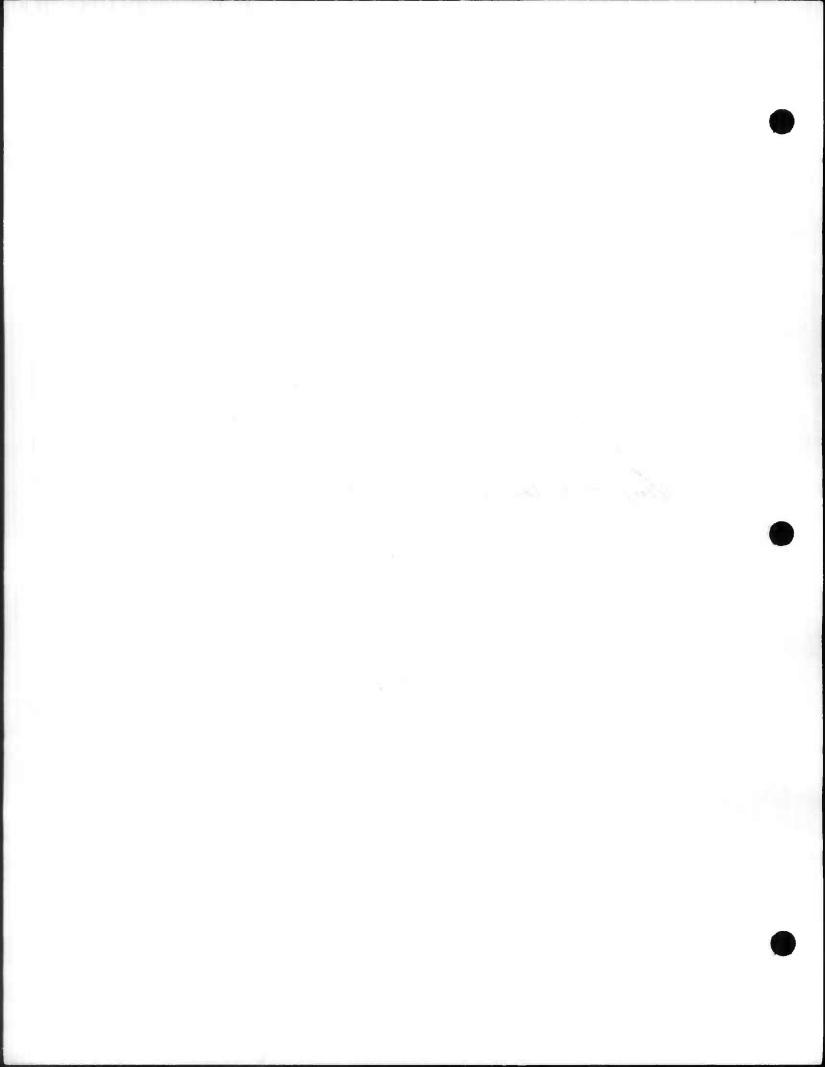
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
	2. DATE C	F DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI				GIENE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH			IME OF DEATH
	JOHN JOSEPH BARR	ETT				02	14	1991	AR O	707 A M
	4. SOCIAL SECURITY NUMBER		in yrs. lest birthday) I	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR		0.1	BIRTHPLAC	E (State or Foreign
	577-50-8805	1 🔯 M 2 🗆 F		ONTHS DAYS	HOURS MIN.	(Month, Day, 1	bar)	P	enna	
	9a. FACILITY NAME (If not institution, give st			h CITY TOWN	OR LOCATION OF DE			9c. COUNTY		
œ	DATE OF THE PARTY					AIR	- 1			
2	MALCOLM GROW USA	F MEDICAL CE	NTER	ANDREW	S AFB MD			PRINCE	GEO	RGES
<u>n</u>	10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOC	ATION				10d.	INSIDE CITY
E	Maryland Princ	e George's	Tem	ple Hi	.11s				1 1	LIMITS? YES 2 NO
7	10e, STREET AND NUMBER			4	Of. ZIP CODE	· · · · · ·		10g. CITIZEN		
8	4311 23rd Parkway				20748			USA		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	I U.S. ARMED	13. WAS D	ECENDENT OF HISPAN	VIC ORIGIN? (Spe	cify Yea o		RACE — A	merican Indian,
正	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes,	specify Cuban, Maxica S 2 NO Specify	n, Puarto Rican, a			Black, Wh	ita, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAN ON DA	(IES	1 1 1	S 2 LANO Specin	r:			Specify:	white
	15. DECEDENT'S EDUC		18a. DECEDENT'S US	UAL OCCUPA	TION	16b. KIND	OF BUSIN	NESS/INDUST	RY	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 1 2 th To FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Retired Military 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) Retired Military 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Retired Military 17. FATHER'S NAME (First, Middle, Last)										
립	Elamentary/Secondary (0-12) 12th		Retired	Mil:	tary	US	S Na	vy		
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle,	Malden Su	irname)		
Harry James Barrett Edith Gribble										
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Stree	t and Number or Rural	Route Number, City	or Town,	State, Zip Coo	te)	
임	Jeanne C. Barret	it.		as it						
	20g. METHOD OF DISPOSITION	206	PLACE OF DISPOSIT				20c. LOCA	TION — City	or Town,	State
	1X Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State A	rlington	Nation	nal Cemete	ery	Ar1	ingto	n, Va	
	21. SIGNATURE OF MINERAL SERVICE LIC				and address of FA		-	.,		
	100 0 b	201. 1		Georg	ge P. Kala	as Fune:	ral	Home	1/1	007/5
	Eline 1. V	and f	4		Oxon Hil					
	23. PART I. Enjer the diseeses, or of ahock, or heart failure.	List only one rouse on a	ach iine.	entar tha n	noda of dying, auc	n aa cardiac o	r respiri	itory smest	·	Approximata Intarvai Between
	iMMEDIATE CAUSE (Final disease or condition									Onset and Daath
	resulting in death)	END STAGE		ARDIOM	YOPATHY					
		·	CONSEQUENCE OF):						1	
ON	Sequantially list conditions,	b. CHRONIC CO	NGESTIVE CONSEQUENCE OF):	HEART_	FAILURE_					
F	if any, leading to immediate ceuse. Entar UNDERLYING	ATRIAL FIB	,						j	
윤	CAUSE (Disease or injury	C DUE TO (OR AS A	CONSEQUENCE OF):						-	
ĒΙ	that initiated events resulting in death) LAST	HEPATOCELL	·	ASE					1	
CERTIFICATION		d								
CAL	PART ii. Other significant condition	e contributing to deeth b	ut not reaulting in	the Undarly	ing cause given in		MAS AN A			RE AUTOPSY FINDINGS
							YES 2		COL	MPLETION OF CAUSE DEATH?
Ä							-			YES 2 NO
=	_				:					
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C)	neck only one)				
Sic	EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 I Inputlant 2 ER/Outp		OTHER:	ome 5 🗆 Rasidenca	6 Other (Spec	cHy)			
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME		NJURY AT	28d. DEŞCRIBE	HOW IN	JURY OCCUR	ED	
	1 Natural 5 Pending	(Month, Day, Year)	INJUI		WORK? YES 2 NO					
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm, str	eet, factory, o	fice	26f. LOCATION		d Number or	Rural Route	Number,
COMPLETED	4 Homicide determined	bunding, etc. (Spec	sny)			City or Town	n, Siere)			
Ë	29a. CERTIFIER 1 X CERTIFYING PHYSI	ICIAN: To the beat of my know	ladge, death occurred	at the time d	ete and place, and due	to the cause(s)	and many	or as stated		
MP	CONDON ONLY	ER: On the beals of examination							ause(a) an	d manner as stated.
	29b. SIGNATURE, MID TITLE OF CERTIFIE									
BE	and a T	Likner			29c. LICENSE NU	MUEN		▶ 02-		nth, Day, Year) 1
2	30. NAME AND ADDRESS OF PERSON WH	OCOMPIETED CAMPE OF SE	ATH (ITEM 27 CT-	brient)						
•-	ROBERT C. JONES,			"" MALC	PLM GRBW	WSAF NE	PICA	LOCEN	TER	
-	THE DELICE OF COLLED,							, , , ,		
	31. DATE FILED (Month Day Year)	32. REGISTRADIS SICA	ATURE							
	31. DATE FILED (Month, Day, Year) EFR 1 5 '91	32. REGISTRAR'S SIGN	ATURE Pandall							



BALTIMORE,

transit/permit. Pages 1, 2, 3 should

funeral director, page 5 should be detached for

n and completely filled in by the to burial, cremation, or removal.

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MARYLAND

the hospital

be retained by

Раде 6 тау

BOX 13146, o DIVISION OF VITAL RECORDS,

requires that the death certificate be executed within een signed by the attending physician of Health and Mental Hygiene prior to certificate has been in the State Dept. of H OR ATTENDING PHYSICIAN: The law this c After t DIRECTOR: / TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTS be filed within 72 hours at IMPORTANT: If Item 2

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'91

Davidson Pandall

DHMH-16 Rev 1/69

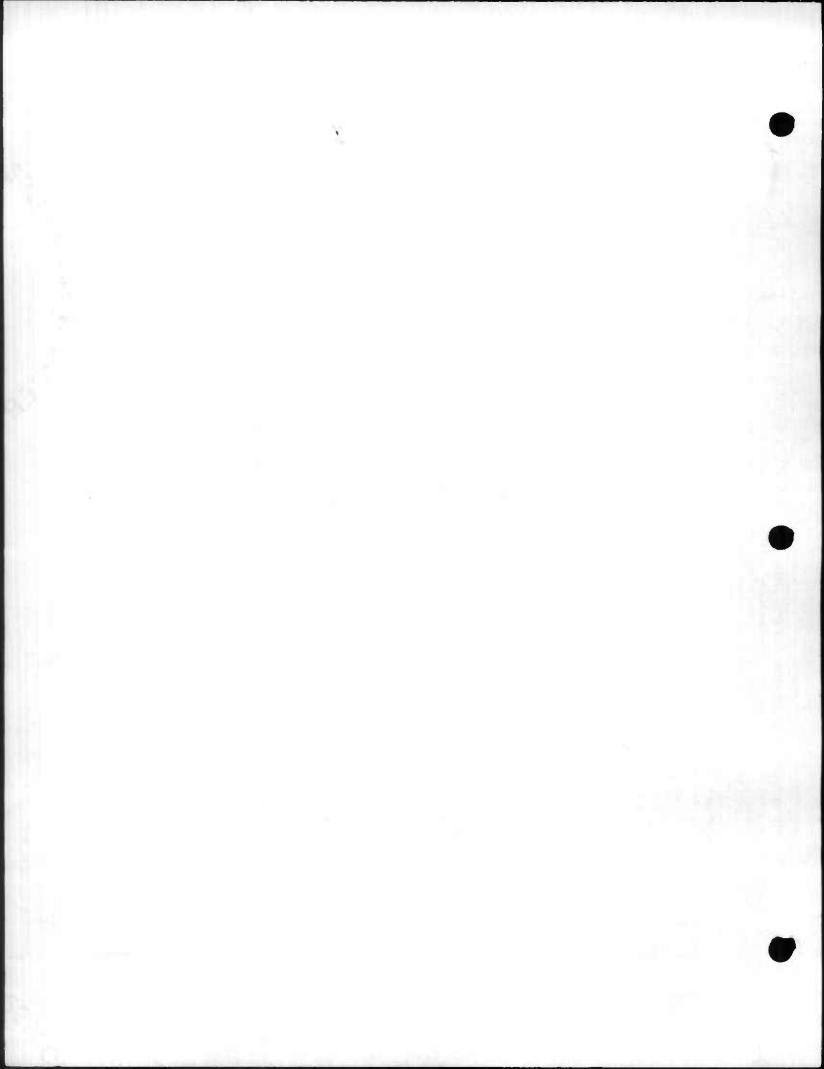
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 27203-3146

gug	or, page 5 should be detached for the an experimentansit permit. Pages 1, 2, 3 should	· g	ust be notified at once.	
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2., Jours after death. Page 6 may be retained by the hospital within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the following	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

									91	051	66
•	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT (OF DEA	AND M		NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			D	44.5		2. DATE OF DEA	DAY	YEAR	3. TIME OF DE	ATH
	ELSIE	MAE		B	EYE		FEBR	UARYI	0,1991	10/5	A M
	The state of the s		(In yrs. last birthday)	IF UNDER 1 Y	YEAR IF UNDER	R 24 HRS.	7. DATE OF BIRT (Month, Day, Y		6. BIRT Coun	HPLACE (State or	Foreign
	220-12-1179	1 🗆 M 2 🔀 F	80 YRS.	MONTHS L	NOONS		NOV. 18	3. 1910) MA	RYLAND	
	9e. FACILITY NAME (If not institution, give street			OWN OR LOCAT	ION OF DEA	TH		OUNTY OF			
P.	PENINSULA GENERAL	HOSPITAL		SALISBURY WICOMICO				<u> </u>			
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION					10d. INSIDE CI	TY
DIRECTOR	MARYLAND W	ICOMICO		SALIS	BURY					LIMITS?	NO
	10e. STREET AND NUMBER				10f. ZIP COD	DE		10g. C	ITIZEN OF	WHAT COUNTRY	
FUNERAL	902 VINCENT STREE	ET				21801			US	A	
3		12. WAS DECEDENT EVER			S DECENDENT	OF HISPANIC	C ORIGIN? (Spec		14. RAC	E - American In	dlan,
BY F	1 Never Married 2 XXMerried 3 Widowed 4 Divorced	FORCES? 1 YES			YES 2 NO		, Puerto Alcen, e	16)	Spe	offy:	3
		71011					I and white a		NO IOTO	WHITE	
巴	15. DECEDENT'S EDUCA (Specify only highest grade oc	ompleted)	16e. DECEDENT'S (Give kind of life. Do NOT u	work done dur	ring most of work	ing	166, KIND C	OF BUSINESS/I	NUUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+) NO	EMPLO				SHI	IRT FAC	TORY		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			,	16. MO	THER'S NAM	E (First, Middle, N				
EC	ARLEY W.	HAST	INGS		SA	LLIE	(ur	nk)	THOM	PSON	
00	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Number	er or Rural Ro	oute Number, City	or Town, State,	Zip Code)		
5	JAMES L. WEBSTER-		823	SPRING	FIELD	CIRCL	E, SAL			21801	
	20s. METHOD OF DISPOSITION 2/1: 1 X Burlel 2 Cremation 3 Remov	3/91 ral from State	0b. PLACE OF DISPO other place)					Oc. LOCATION		Town, State	
	4 Donation 5 Other (Specify)		SPRÍNGHI		ME AND ADDR			HEBRO)N		
	21. SIGNATURE OF FUNDRAL SERVICE LICE	7.1					RAL HON	Æ, PA			
	1000m. 14	HOLHOUR	ry				RD. SA		RY M	D 2180	1
	23. Enter the diseases, or co shock, or heart feliure. Li	mplications that	the deeth. Do each line.	not enter ti	he mode of d	ying, such	as cerdlec or	respiratory	arreat,	Approxi	mate Between
	IMMEDIATE CAUSE (Final disease or condition	Panis	20 X	1=1						Onset a	nd Death
	reaulting in death)	Nejria	A CONSEQUENCE O	recu	u.						
	_	Title	A CONSEQUENCE O	Leris	Aren	d	coles	7_			
RTIFICATION	Sequentieity list conditions, if any, laeding to immediate	DUE TO (OR AS	A CONSEQUENCE	היים	7007	- 9	CV CC				
SA	cause. Enter UNDERLYING CAUSE (Disease or injury					4					
E	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	OF):							
ш	resulting in death) LAST										
LC	PART II. Other algnificant conditions	contributing to death	but not resulting	In the und	erlying cause	given in f	Part I. 24a. 1	MAS AN AUTOP	SY 2	b. WERE AUTOPS	
MEDICA	COPD						1	YES 2 MO		COMPLETION COMPLETION	
								τ		t YES 2 [NO
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		CTUES	26. PLACE OF	DEATH (Che	ck anly one)				
YSIG	5.00	Inpatient 2 ER/O	utpatient 3 🗆 DOA	4 Nursi		Residence	6 Other (Spec	ify)			
PH	27. MANNER OF DEATH 1X Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		ME OF 2	28c. INJURY AT WORK?		28d. DESCRIBE	HOW INJURY	OCCURED		
B	2 Accident Investigation	28e. PLACE OF INJU	EV At home from		1 YES 2	□ NO	26f. LOCATION	/Pimet and blue	nhar or Pres	of Bourte Number	
E	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	pecify)	Brieff, Incide	ry, office		City or Town		abor or riare	ii ricoto riamboi,	
	29a. CERTIFIER A TO OFFICE AND PARTIES	MAN. To the head of our bo					4- 44				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	: On the basis of examina								e(e) and menner	ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					ICENSE NUM				ED (Month, Day, Y	
8E	Musolin	Po			D	3/88	37	Þ.	2/91	10/	-7
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) AYE		1 4 -	- ,		4	111	9	
31	WALTER PLIS	chick	560K10	IEKSI	DE O	A/15	BURY	Mp.	21	801	
8	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	_				1				
U	FEB 1 2 '91	Achia Davidson	-Aandelle								

DHMH-16 Rev 1/89

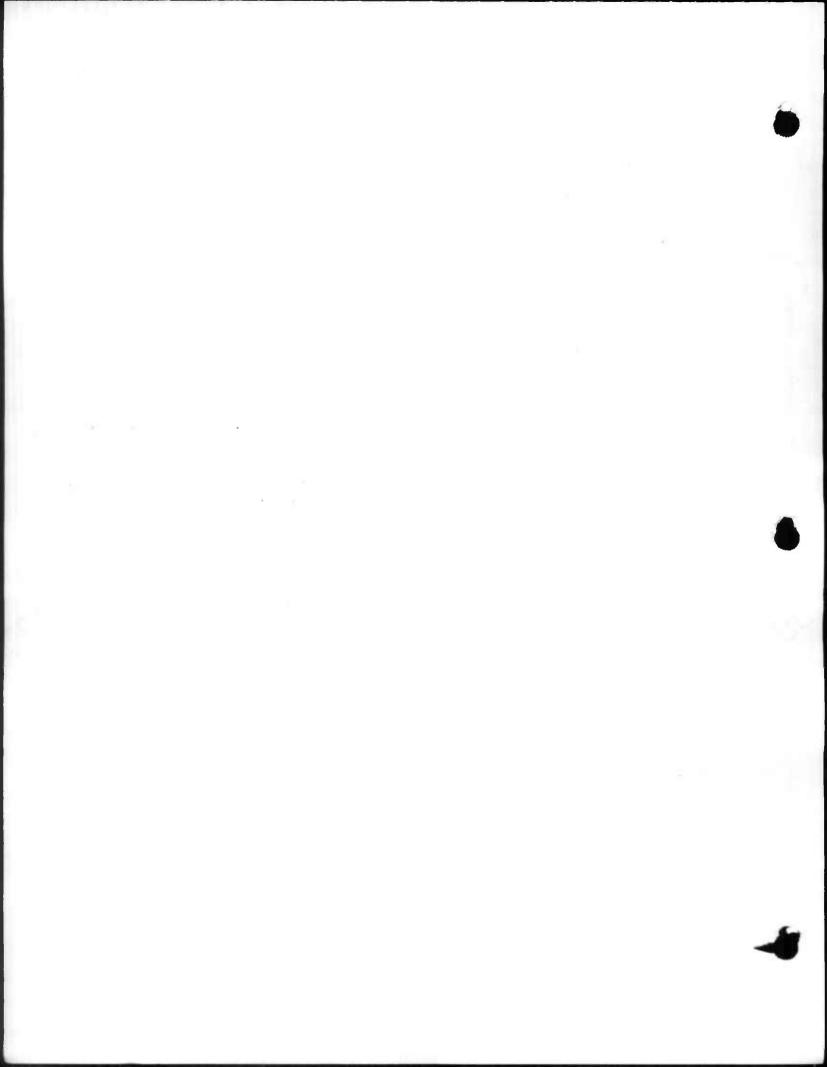


TO THE HOSPITAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremit IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,

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The law requires that the death certificate be executed within 25 nours after death. Page 6 may be retained by the hospital or	Dept	1 23
G PHYSICIAN: The law requi	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as ath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	narked or them 23 chause and injury or other traumatic event the medical evamines much he nestitled at once
CIA	the	20
H.	this	rhad
g	at te	mag

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
*	2. DATE O	F DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM CERTIFICA			IENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)				T	2. DATE OF DEATH		3. TIME OF DEATH	
- 1	OLL	IE BELLE	Rhit	tincha	m	Lebruares	V 199		
			yrs. last birthday) IF I	INDER I VEAR IF	UNDER 24 HRS.	7. DATE OF BIRTH	3	RTHPLACE (State or Foreign	
		_ \	YRS. MON		URS MIN.	(Month, Day, Year)	Cor	untry)	
	010-17 000	- 7- 07				1-29-26		GSTON, MD.	
_	9a. FACILITY NAME (If not institution, give street	et and number)	96.	CITY, TOWN OR LO		ATH	9c. COUNTY O		
DIRECTOR	Peninsula General	Hospital		Salisbu	ry, MD		Wi	comico	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10- OFF W	WN OR LOCATION				10d. INSIDE CITY	
2		2017-00						LIMITS?	
		OMICO	SA	LISBURY				1 TES 2 X NO	
₹	10e. STREET AND NUMBER			10f. ZIP	CODE		10g. CITIZEN O	F WHAT COUNTRY?	
FUNERAL	821	EAST ROAD		2	21801		USA	4	
5		2. WAS DECEDENT EVER IN U. FORCES? 1 YES	.S.ARMED			C ORIGIN? (Specify Yes	or No- 14. R.	ACE — Americen Indien, leck, White, etc.	
	1 Never Married 2 Married	IF YES, GIVE WAR OR DATE			NO Specify:	, Puerto Rican, etc.)	Sı	pecify:	
BY	3 Wildowed 4 Divorced			>	X		BL/	ACK	
	15. DECEDENT'S EDUCAT (Specify only highest grade co.		6a. DECEOENT'S USU	AL OCCUPATION done during most of	working	16b. KIND OF BUS	INESS/INOUSTR	γ	
<u>=</u>		College (1-4 or 5+)	DOMESTI	ired.)	T. G. C. C.	HOUSEWI	CC		
릴	HIGH SCHOOL		DOMESTI	L		HOOSEWI	,re		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16.	MOTHER'S NAM	NE (First, Middle, Maiden	Surname)		
0	ARZAH W	HITTINGTON				HELEN	WHITT	INGHAM	
BE	19a. INFORMANT'S NAME (Type/Print)		196, MAILING ADD	DRESS (Street and N	lumber or Rural R	oute Number, City or Town			
2	MARY ELL	EN CORBIN	260	O THATCH	HER ST	REET., WIL	MINGION	l DEI	
	20a. METHOD OF DISPOSITION		LACE OF DISPOSITIO				CATION — City of		
ı	t ☐ Buriel 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donatton 5 ☐ Other (Specify)	al from State	ther place)			ETARY K			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	OSFE C	KINGS	22. NAME AND A			TINGSTU	N, MD.	
	1 1	1 11.		JOLLEY	MEMOR	IAL CHAPEL	, RTE.	2, BOX 920	
	Derella of	, solles				D. 21801		,	
	23. PART I. Enter the diseeses, or cor	mplications that caused to	he death. Do not o	entar tha moda	of dying, such	aa cardiac or reapi	retory srrest,	Approximate	
	ahock, or heart fellure. Lift IMMEDIATE CAUSE (Final	A A	n line.					Interval Batween Onset and Dasth	
ı	disease or condition	Horte	e 1	Juss	4				
	resulting in daeth) s.	DUE TO (OR AS A C	ONSEQUENCE OF):				1 1		
_		2	conge	stine.	the	nt for	Muc	augh	
<u>ō</u>	Sequentielly liet conditions,	DUE TO (OR AS A CO	ONSEQUENCE OF			1 0			
¥	If any, leading to immediate cause. Enter UNDERLYING	e	lectro	- me	chan	real o	user	ealin	
표	CAUSE (Disease or injury	OUE TO (OR AS A C	ONSEQUENCE OF):						
E	that initieted events OUE TO (OR AS A CONSEQUENCE OF):								
	resulting in deeth) LAST	10 (01110 %						į	
CERTIFICATION	resulting in deeth) LAST								
			not reculting in the	ne underlying ca	nuse given in i			24b. WERE AUTOPSY FINDINGS	
CAL	d.		not resulting in th	ne underlying ca	nuse given in i	Part I. 24s. WAS AN PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
CAL	d.		not resulting in the	ne underlying ca	nuse given in i	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
CAL	d.		not resulting in the	ne underlying ca	use given in l	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
CAL	d.		not resulting in the		ouse given in I	PERFOF	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
CAL	PART II. Other significent conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death but	On	28. PLACE	OF DEATH (Che	PERFOF 1 YES 2	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
CAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	contributing to death but	fent 3 🗆 DOA 4 E	28. PLACE FHER: ☐ Nursing Home 5	OF DEATH (Che	PERFOF 1 YES 2 ick only one) 6 Other (Specify)	MEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDICAL	PART II. Other significent conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death but	On	28. PLACE [HER: NJURy Home 5] 28c. INJURY WORK?	E OF DEATH (Che	PERFOF 1 YES 2	MEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	CONTRIBUTING TO death but HOSPITAL: Inputtent 2 = ER/Outpate 26e. DATE OF INJURY (Month, Day, Year)	fent 3 DOA 4 DOA 4 DOA 1	28. PLACE THER: Nursing Home 5 F 28c, INJURY WORK? M 1 YES	E OF DEATH (Che	PERFOF 1 YES 2 bick only one) 6 Other (Specify) 26d. DESCRIBE HOW I	MEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	contributing to death but HOSPITAL:	fent 3 DOA 4 E	28. PLACE THER: Nursing Home 5 F 28c, INJURY WORK? M 1 YES	E OF DEATH (Che	PERFOF 1 YES 2 ick only one) 6 Other (Specify)	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	CONTRIBUTING TO death but HOSPITAL: Inpettent 2 ER/Outpette 26e. DATE OF INJURY 26e. PLACE OF INJURY	fent 3 DOA 4 E	28. PLACE THER: Nursing Home 5 F 28c, INJURY WORK? M 1 YES	E OF DEATH (Che	PERFOR 1 YES 2 ick only one) 6 Other (Specify) 26d. DESCRIBE HOW 1 28f. LOCATION (Street	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFVING PHYSIC).	CONTRIBUTING TO death but HOSPITAL: Inpettent 2 ER/Outpette 26e. DATE OF INJURY 26e. PLACE OF INJURY	lent 3 DOA 4 DOA 20b. TIME OF INJURY	28. PLACE THER: Nursing Home 5 E 28c. INJURY WORK? M 1 YES	E OF DEATH (Che	PERFOR 1 YES 2 Nok only one) 6 Other (Specify) 26d. DESCRIBE HOW to City or fown, State)	NJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	Contributing to death but HOSPITAL: Inpatient 2 ER/Outpets 26e. DATE OF INJURY (Month, Dey, Year) 26e. PLACE OF INJURY — building, etc. (Specify,	lent 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 A	28. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? M 1 YES R, factory, office	E OF DEATH (Che Residence AT 2 NO	PERFOR 1 YES 2 Other (Specify) 26d. DESCRIBE HOW to City or Town, State) to the ceuse(e) end main	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTING TO death but HOSPITAL: Impattent 2 ER/Outpatt 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Specify, Day)	lent 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 A	28. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? I YES t, factory, office	E OF DEATH (Che Residence AT 2 NO	PERFOR 1 YES 2 1 YES 2 1 Other (Specify) 26d. DESCRIBE HOW 1 28f. LOCATION (Street City or Rown, State) to the ceuse(e) end maintaine, date end place, and	NJURY OCCURED and Number or Ru nner es stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	CONTRIBUTING TO death but HOSPITAL: Impattent 2 ER/Outpatt 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Specify, Day)	lent 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 A	28. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? I YES t, factory, office	OF DEATH (Che Residence AT 2 NO	PERFOR 1 YES 2 1 YES 2 1 Other (Specify) 26d. DESCRIBE HOW 1 28f. LOCATION (Street City or Rown, State) to the ceuse(e) end maintaine, date end place, and	NJURY OCCURED and Number or Ru nner es stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO val Route Number,	
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BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	COMPLETED CAUSE OF DEATH	Jent 3 DOA 4 DOA 4 DOA 4 DOA 1 A DOA 1	28. PLACE THER: Nursing Home 5 F 28c. INJUSTY WORK? M 1 YES R, factory, office	F OF DEATH (Che Check Ch	PERFOR 1 YES 2 1 YES 2 1 Other (Specify) 26d. DESCRIBE HOW 1 28f. LOCATION (Street City or Rown, State) to the ceuse(e) end maintaine, date end place, and	NJURY OCCURED and Number or Ru nner es stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO val Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Inpettent 2 ER/Outpett 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY - building, etc. (Specify, AN: To the beele of examination e	ent 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1	28. PLACE THER: Nursing Home 5 THER: Nursing Home 5 THER: WORK? M 1 YES t, factory, office the time, date end of my opinion, death	F OF DEATH (Che Check Ch	PERFOR 1 YES 2 1 YES 2 1 Other (Specify) 26d. DESCRIBE HOW 1 28f. LOCATION (Street City or Rown, State) to the ceuse(e) end maintaine, date end place, and	NJURY OCCURED and Number or Ru nner es stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO val Route Number,	



DHMN-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the instance by the strength or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR				ATE OF		MEN	TAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH		3.	TIME OF DEATH		
George M. Bromle	еу					Feb	ruary I	3, 19	91	1:30 A M		
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	In yrs. last birth		UNDER 1 YEAR	IF UNDER 24 HRS.	7, DA	TE OF BIRTN			MCE (State or Foreign		
216 28 0261	X M 2 □ F (51 Y	RS. MOI	NTHS DAYS	HOURS MIN.	ΙÏ	/18/30	I	Maryl	and.		
9a. FACILITY NAME (If not institution, give street	and number)		9b	CITY, TOWN C	R LOCATION OF DE	EATN		9c. COUNT	Y OF DEAT	N		
7922 Cardnial Land	е			Sali	sbury			Wo	orces	ter		
RESIDENCE OF DECEDENT				at our ex								
10a. STATE 10b. COUNTY		100	10c. CITY, TOWN OR LOCATION						10	d. INSIDE CITY LIMITS?		
Maryland Worce	ster		Salisbury							YES 2 NO		
10s. STREET AND NUMBER					101. ZIP CODE				10g. CITIZEN OF WHAT			
7922 Cardinal L				21801					USA			
11. MARITAL STATUS 12.	FORCES? 1 YES				ENDENT OF HISPA! scify Cuban, Maxica			or No- 1	4. RACE — Black, W	American Indian, /hita, etc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		1 🗌 YES	2 NO Specif	y:		-	Specify:	White		
15, DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								1111106				
(Specify only highest grade com	pleted)	(Give kir	nd of work VOT use re	done during mo	st of working							
Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	1	Nigh	t Atte	ndant		County (Govern	nment	,		
17. FATNER'S NAME (First, Middle, Last)			-0				st, Middle, Maiden S					
William Bromley Eva Mae Dryden												
19a. INFORMANT'S NAME (Types/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)												
Edith V. Bromley 7922 Cardinal Lane, Salisbury, Md. 21801												
20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of company) company or 20c. LOCATION — City or Town, State												
1 M Burial 2 Cremation 3 Ramoval 4 Donation 8 Other (Specify)	trom State	Oliv	et C	emeter	V					aryland		
1 M Burisi 2 Cremetten 3 Removal from State of the place) 4 Donatton 3 Other (Specify) 21. SIGNATURE OF PUBERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dennis Funeral Home							<i>J</i>					
14												
f Pantin 4 M	men				Franklin					21863		
23 FART I. Enter the diseeses or com ahock, or heart failure. List	plicetions that cause only one cause on o	d the deeth.	Do not	enter the mo	de of dying, auc	h aa c	cardiac or raspir	atory erre	nt,	Approximate Interval Batween		
IMMEDIATE CAUSE (Final		-	1		^					Onset and Death		
disease or condition resulting in death)	nevast	alle	u	Maz	Come	1						
	DUE TO (OR AS	A CONSEQUEN	ICE OF):	7								
Sequentially list conditions.												
Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								+				
if any, laading to immediate cause. Enter UNDERLYING												
cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUEN										
cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUEN										
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUEN										
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events			ICE OF):	ha underiyin	g cause given in	Part (ERE AUTOPSY FINDINGS		
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in daath) LAST			ICE OF):	ha underiyin	g cause given in	Part (PERFORI	MED?	AV	MILABLE PRIOR TO OMPLETION OF CAUSE		
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in daath) LAST			ICE OF):	ha underlyin	g cause given in	Part (MED?	AV CC Of	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?		
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in daath) LAST			ICE OF):	ha underlyin	g cause given in	Part (PERFORI	MED?	AV CC Of	MILABLE PRIOR TO OMPLETION OF CAUSE		
cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events reaulting in death) LAST PART II. Other significant conditions of			ICE OF):		g cause given in		PERFORI 1 TYES 2	MED?	AV CC Of	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?		
cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated eventa reaulting in death) LAST PART II. Other algnificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		out not reaul	Iting in t	26. PI THER:	LACE OF DEATH (C)	heck on	PERFORI 1 TYES 2	MED?	AV CC Of	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?		
cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated eventa reaulting in death) LAST PART II. Other algnificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL: Inpetient 2 ER/Out	out not read	Iting in t	26. PI THER: Nursing Hom	LACE OF DEATN (C/	heck on	PERFORI 1 TYES 2	MED?	AV CC OI	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?		
CAUSE (Dissess or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of Examiner? 1 Yes 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	OSPITAL:	out not read	Iting in t	26. PI THER: Nursing Hom	LACE OF DEATN (C) The 5 Residence IURY AT JURY	heck on	PERFORI 1 YES 2 hy one) Other (Specify)	MED?	AV CC OI	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?		
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other algnificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	OSPITAL: Inpetient 2 ER/Out 28e. DATE OF INJURY 28e. PLACE OF INJURY	petient 3 C	iting in t	26. PI THER: Nursing Horr F 28c. IN. WC M 1	LACE OF DEATN (C) The 5 Residence HURY AT THEY YES 2 NO	6 (28d.	PERFORI 1 YES 2 by one) Other (Specify) DESCRIBE HOW IN LOCATION (Street a	MED?	AV CC OF 1	MILABLE PRIOR TO DIPPLETION OF CAUSE DEATH? YES 2 NO		
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. Watural 1 Natural 2 Accident 1 Accident	OSPITAL: Inpetiant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	petient 3 C	iting in t	26. PI THER: Nursing Horr F 28c. IN. WC M 1	LACE OF DEATN (C) The 5 Residence HURY AT THEY YES 2 NO	6 (28d.	PERFORI 1 YES 2 hy one) Other (Specify) DESCRIBE HOW IN	MED?	AV CC OF 1	MILABLE PRIOR TO DIPPLETION OF CAUSE DEATH? YES 2 NO		
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OSPITAL: Input Inp	petient 3 C	OOA OO A TIME O INJUST	26. PI THER: Nursing Horn F	LACE OF DEATN (C) THE 5 Residence SURVAY SURVAY VES 2 NO	6 0 (28d.	PERFORI 1 YES 2 Ny one) Dither (Specify) DESCRIBE HOW IN LOCATION (Street a City or Yown, State)	MED?	AN CC OH 1	MILABLE PRIOR TO DIPPLETION OF CAUSE DEATH? YES 2 NO		
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OSPITAL: Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJUR building, etc. (Spe	petient 3 0 0 26	Iting in t	26. PI THER: Nursing Hom F 28c. IN. WC M 1 et, tactory, office	ACE OF DEATN (C) The 5 Residence TURY AT THE TURY AT T	6 (28d. 28f.	PERFORI 1 YES 2 Ny one) Describe How in LOCATION (Street a City or Town, State)	MED? NO HJURY OCCL AND Number of	AN CC OH 1	MILABLE PRIOR TO DMPLETION OF CAUSE DEATH? YES 2 NO		
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in dasth) LAST PART II. Other algnificant conditions or 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 10 27. MANNER OF DEATN 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: O	OSPITAL: Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJUR building, etc. (Spe	petient 3 0 0 26	Iting in t	26. PI THER: Nursing Hom FF 28c. IN. WC M 1 et, tactory, office	LACE OF DEATN (C) ne 5 Raeldence IURY AT YES 2 NO ne and place, and du feeth occured at the	6 28d.	PERFORI 1 YES 2 Ny one) Describe How in LOCATION (Street a City or Town, State)	MED? NO NO NURY OCCU nd Number of	AN CC OI I	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO te Number,		
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OSPITAL: Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJUR building, etc. (Spe	petient 3 0 0 26	Iting in t	26. PI THER: Nursing Hom FF 28c. IN. WC M 1 et, tactory, office	ACE OF DEATN (C) The 5 Residence TURY AT THE TURY AT T	6 28d.	PERFORI 1 YES 2 Ny one) Describe How in LOCATION (Street a City or Town, State)	MED? NO NO NURY OCCU nd Number of	AN CC OI I	MILABLE PRIOR TO DMPLETION OF CAUSE DEATH? YES 2 NO		
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other algnificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: 0	OSPITAL: Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petiant 3 © 0 28i Y — At home, (cify)	DOA 4 b. TIME O INJURY farm, stree	26. PI THER: Nursing Hom if Y M 1 et, tactory, office at the time, date in my opinion, of	LACE OF DEATN (C) ne 5 Raeldence IURY AT YES 2 NO ne and place, and du feeth occured at the	6 28d.	PERFORI 1 YES 2 Ny one) Describe How in LOCATION (Street a City or Town, State)	MED? NO NO NUMBER OF THE PROPERTY OF THE PR	AN CC OI I	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO te Number,		
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in dasth) LAST PART II. Other algnificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. Watural 2 Accident 3 Suickide Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	OSPITAL: Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petiant 3 © 0 28i Y — At home, (cify)	DOA 4 b. TIME O INJURY farm, stree	26. PI THER: Nursing Hom if Y M 1 et, tactory, office at the time, date in my opinion, of	LACE OF DEATN (C) ne 5 Raeldence IURY AT YES 2 NO ne and place, and du feeth occured at the	6 28d.	PERFORI 1 YES 2 Ny one) Describe How in LOCATION (Street a City or Town, State)	MED? NO NO NUMBER OF THE PROPERTY OF THE PR	AN CC OI I	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO te Number,		

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certificate has been signed by the attending physician and completely nilled in by the funeral director, page 5 should be detached for		once.
8		F
Should Should		, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Sign	leal	8
E H	10	943
S O	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	33
Pa S	0	E
cate	Stat	ie
TE O	the	6
63	_	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH			
1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	AILO	PDEATH	REG. NO	J.	3. TIME OF DEATH
	rles Lewi	g Dove			MONTH	DAY YE	Aff
			E UNDER 1 YEA	R IF UNDER 24 HRS.	2-7-91 7. DATE OF BIRTH	I s F	12:06PM M
	480 · · · · · · · ·	M	ONTHS DAY		(Month, Day, Year)	0	ountry)
9s. FACILITY NAME (If not institution, give stree	4	3 YAS.	b. CITY. TOW	N OR LOCATION OF D	June 20	9c. COUNTY	Maryland
Anne Arundel Gener							and the second second
RESIDENCE OF DECEDENT	al nospita			nnapolis		TAnne	Arundel County
10a. STATE 10b. COUNTY	A		TOWN OR LO				10d. INSIDE CITY LIMITS?
Maryland Anne	Arundel		nnap			T	1 NES 2 NO
				10f. ZIP CODE			OF WHAT COUNTRY?
27 Hull Avenu	2. WAS DECEDENT EVER I	N II C ABMCO		21403	NIC ORIGIN? (Specify Y		S.A.
1 Never Married 2 M Married	FORCES? 1 X YES	2 NO	If yes,	specify Cuban, Mexico	an, Puarto Rican, atc.)		RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	Vietnam	ATES	יטי	'ES 2 NO Speci	ly:		SpecHy:
15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S U	SUAL OCCUP	ATION	16b, KIND OF B	USINESS/INDUST	RY
(Specify only highest grade co	College (1-4 or 5+)	(Give kind of wo	rk done during retired.)	most of working			
12		Sales I	Repre	sentativ	re Liqu	ıor	
17. FATHER'S NAME (First, Middle, Lest)					AME (First, Middle, Maide		
Charles J. Bov	e, Jr.			Doro	thy Thor	npson	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Stre	et and Number or Rural	Route Number, City or R	wn, State, Zip Coo	•)
Kathleen A. Bov	е	27 I	lull	Avenue.	Annapol:	is, MD	21403
20a. METHOD OF DISPOSITION 1 🙀 Burlel 2 🗆 Cremation 3 🗆 Remove	al from Ctata	b. PLACE ANO OATE ((anala sadha s		OATE 20c. t		and the second second
4 Depation 5 Other (Specify)	- AH	illcrest	Cem		2/11/91		
21. SIGNATURE OF FUNERAL SERVICE LICEN	14	//	Tay	lor fune	eral Cha	pel	21401
Turally X	. ky 1	u			ster St.		
23. PART I. Enter the diseases, or con							Approximats
ahock, or heart fallure. Lie iMMEDIATE CAUSE (Finei	at only one cause on a	iech line.					interval Bstween Onset and Death
At At At At At At At At At At At At At A	Cardiac i	Arrhythmia	a duri	ng electi	ve stress	test	
resulting in death) . a		A CONSEQUENCE OF)					
b.							
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
CAUSE (Disease or injury							
that initisted events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
d.							
PART ii. Other significant conditions	contributing to deeth	but not reaulting in	the underl	ying csuse given ir	Part I. 24a. WAS /	IN AUTOPSY ORMED?	24b, WERE AUTOPSY FINDINGS
					YX YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							OF DEATH? 1/X YES 2 □ NO
		100	-3				AA
25. WAS CASE REFERRED TO MEDICAL			26	. PLACE OF OEATH (C	heck only one)		
	HOSPITAL: I ☐ Inpatient 2 ÆR/Out		OTHER:	lome 5 🗆 Rasidenca	6 Other (Specify)		
27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF 26c.	INJURY AT	28d. DESCRIBE HOV	V INJURY OCCUR	ED
15 Netural 5 Pending	(Month, Day, Year)	INJU		WORK? YES 2 NO	P. 3.		
2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm, str	eet, factory, o	office	28f. LOCATION (Street City or Town, Sta		tural Route Number,
4 Homicide determined	bunding, area (ope	sony			City or lown, Sta	10)	
		wiedge, death occurred	at the time,	date and place, and du	a to the cause(a) and n	nanner sa stated.	
29a. CERTIFIER 1 CERTIFYING PHYSICA	AN: To the best of my know						
(Check only	AN: To the best of my known on the basis of axemination		, in my opinio	n, death occured at th	e time, data and placa,	and due to the ci	use(a) and manner as stated.
(Check only one) CERTIFYING PHYSICI.			, in my opinio	_			
(Check only			, in my opinio	296. LICENSE NO	MICH	29d. DAYE SI	GNED (Month, Day, Year)
(Check only one) CERTIFYING PHYSICI.	On the basis of examination	on and/or investigation		_	MICH	29d. DAYE SI	
(Check only 1 CENTIFYING PHYSICI. One) XXXXMEDICAL EXAMINER: 286. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination	on and/or investigation	Print)	296. LICENSE NO OCM	MICH	29d. DATE SI	GNED (Month, One; Year) 2-8-91
(Check only 1 CENTIFYING PHYSICI. O'NO) 22 MEDICAL EXAMINER: 230. NAME AND ADDRESS OF PERSON WHO	On the basis of examination	EATH (ITEM 27) (Type, 1	erini) L1 Pen	296. LICENSE NO OCM	E	29d. DATE SI	GNED (Month, One; Year) 2-8-91

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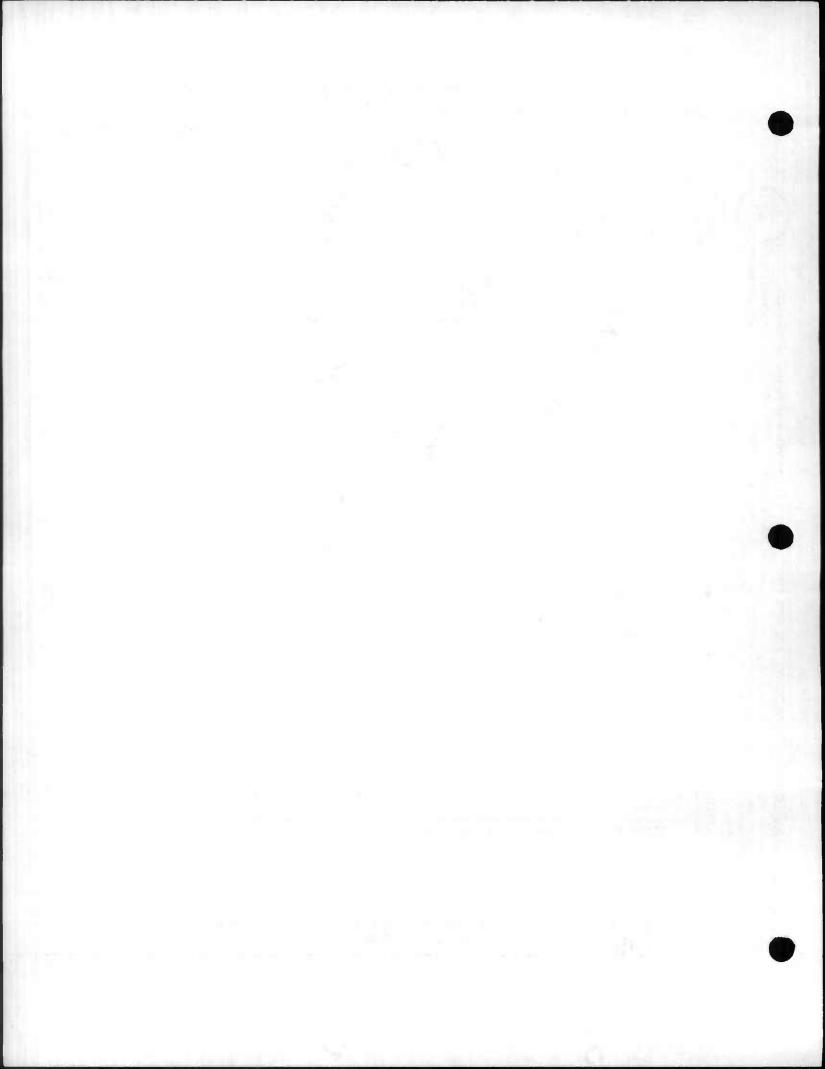
The state of the s

	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Leet)	h H	ELEN L		ICATE	OF	DEAT			AL HYG REG.	NO.			3. TIR	NE OF DEATH	
	H3/4/1V L	12000	89						2	15	199	71	YEAR	4	15 A.	М
	4. SOCIAL SECURITY NUMBER S.	SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.		DATE OF BIRTH 8. BIRTHPLACE (State or			(State or Foreig	n		
-1	214-34-0383	□ M 2 😿 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.		onth, Day, Ye		1910 Maryland			lond	
	9e. FACILITY NAME (If not institution, give street	11	/ 00	-	9b. CITY, T	OWAL C	I LOCATI	ON OF D	_	cil 2					Land	
-	Washington County		- 1						EAIN		% COUNTY OF DEATH Washington			ton		
5	RESIDENCE OF DECEDENT	nospit	aı		110	ger	stov	V 1 1		washing			LOH			
2	10a. STATE 10b. COUNTY			10c. CIT	DC. CITY, TOWN OR LOCATION									10d. I	NSIDE CITY	
DIMECTOR	Maryland Wash:		Hager	sto	าพา								JMITS? YES 2 NO	,		
	10e. STREET AND NUMBER	101. ZIP CODE				10g. CITIZEN OF				EN OF V			_			
Y	128 ½ South Loca			100	2174				1 "	. o	U.S					
Z L					1											
FUNERAL	11. MARITAL STATUS 12 1 Never Married 2 Merried	FORCES? 1	T EVER IN U.S. AI	RMED NO						GIN? (Specit to Rican, etc		No-		CE — American Indian, ick, White, etc.		
2	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		1[YES	2 NO	Specif	fy:				Speci	W. WI	nite	
ED	15. DECEDENT'S EDUCAT	ION	1 40. 0	FOCOCNITY	USUAL OCC	MARKETA /	201		12	I6b, KIND O	- DIIO1416	1	IOTOV			_
Ш	(Specify only highest grade con	npleted)	164. 0	Sive kind of	work done du se retired.)	ring mo	at of worki	ng		IBB. KIND O	r BUSINE	:33/INU	USINT			
4	Elementary/Secondary (0-12)	College (1-4 or 5	+) ""		emaker				- 1	0	n ho					
COMPLEI				поше	maker											
3	17. FATHER'S NAME (First, Middle, Last)						18. MOT			st, Middle, M	elden Sun					
E L	William			iser				Sar					Lau	ite	<u> </u>	
5	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (
-	William S. Brink	Ley	-	128½	South	L	cust	St	.,На	agers	town	, M	d. 2	174	+0	
	20a. METHOD OF DISPOSITION 1 □ YBuriel 2 □ Cremetion 3 □ Remova	I from State	other o	decel	SITION (Nam					1	c. LOCAT					
i	4 Donation 5 Other (Specify)		Res	t Hav	ren Ce	met	ery	2-18	8-91	L H	ager	sto	wn, W	lasl	n.,Md.	
d	21. SIGNATURE OF FUNERAL SERVICE LICEN	-	,				ND ADDRE			77	1	77		_		
	+ R. hael 7	Brad	11							Fun						
	23. PART I. Enter the diseases, or com		<i></i>	inth Do								_		ıu .	21740	
	shock, or heart failure. Lis				not anter t	ne mo	de or dy	nng, su	cn as c	ardiac or	respirat	ory arr	est,	- -	Approximate interval Bets	Ween
	IMMEDIATE CAUSE (Final	Dean	SERTIC	. 4	cast	-	ton	aus	2	9				-	Onset and E)sath
	disease or condition	- 1	1		1	1	(_		
		DUE TO	OR AS A CONSI	OUENCE	OF):	100	XA	1/1	, (1						
Z	Convention that conditions b.	Co	18816 21	2-191	2-0	un		XUV	un.							
I	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSI	OUENCE (OF):									- 1		
RTIFICATION	CAUSE (Disease or Injury													_		
1	that initiated events	DUE TO	OR AS A CONSI	EOUENCE (OF):											
	resulting in death) LAST													_		
5	PART II. Other significant conditions of	ontelbuting to	a death but not	es auditor	In the sand	a els sies		elsee le	Don't I	T 04- W	AS AN AU	TODOU V	Lan	WED	E AUTOPSY FINE	NMO2
Ă.	FART II. Other significant conditions to	contributing to	o death out not	resuming	III tile dilo	arrym	y cause	diseil il	I Fait I		ERFORME		240	AWAIL	ABLE PRIOR TO)
ă										t 🗆 Y	ES 2	NO			PLETION OF CAU EATH?	Jac
MEDIC														1 🗌	YES 2 JAO	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				,	-	LACE OF	DEATH (C	heck onl	y one)						
		OSPITAL:	☐ ER/Outpetient	3 🗆 DOA	4 Nursi		ne 5 🗆 R	lesidence	6 🗆 0	Other (Specif	y)					
HYSI	27. MANNER OF DEATH	28a. DATE O	F INJURY	28b. TI	ME OF	28c. IN	JURY AT		1	DESCRIBE I		JRY OC	CURED			
1 Netural 5 Pending							YES 2	□ NO								
m	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At I	nome, farm	street, fecto	ry, offic	00			LOCATION (Number	or Rural	Floute I	Vumber,	_
	3 Suicide 8 Could not be 4 Homicide determined	building	, etc. (Specify)						1	City or Town,	State)					
Ψ.	29a. CERTIFIER			.2.5					1	_						-
N N	(Check only															
COMPLE	2 MEDICAL EXAMINER:	on the basis of	examination and/o	r investigat	ion, in my op	inion,	ceath occ	ured at th	e time,	ante end pla	ice, end (sue to ti	ne ceuse((e) end	menner as ste	ted.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER						29541	CENSE NO	MOEN	1	2	9d. DAT	E SIGNE	D (Mon	th, Day, Year)	
8	No Markey						10	0,0	77	1		L	-/>	-41		
	TO ALAME AND ADDRESS OF SERSON WHO		and the second second second second second			75	-		The Person Name of Street, or other Persons or other Pers				-	_	_	-

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell

31. DATE FILED (Month, Day, Year) FEB 19

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the fun he find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exar
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31. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BRINEL GERTKUDE 2 M 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 🗌 M 2 🔯 F YRS. 216 14 1221 72 08-17-1918 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Kimbrow Army Hospital (Ft. Meade) Odenton Howard RESIDENCE OF DECEDENT INC. CITY TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MD Harford 1 X YES 2 NO Havre de Grace 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 3404 Old Level Road 21078 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, OIVE WAR OR DATES Specify: 1 YES 2 XNO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumarne) William A. Young Gertrude Sheridan BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 3404 Old Level Road, Havre de Grace, J. Crawford Briney MD 21078 20s. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, Stata Rock Run Cemetery 4 Donation 6 Other (Specify). Rock Run, Maryland 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Smith Funeral Home, P.A. 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition METESTATIC LIVER CANCER 3-6 moresulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO 24s. WAS AN AUTOPSY Congestive HEARS Failure COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? POST HISTORY OF COLON CONCER 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpetiant 2 | ER/Outpetiant 3 | DOA OTHER: 1 TES 2 NO 4 Nursing Home 6 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER

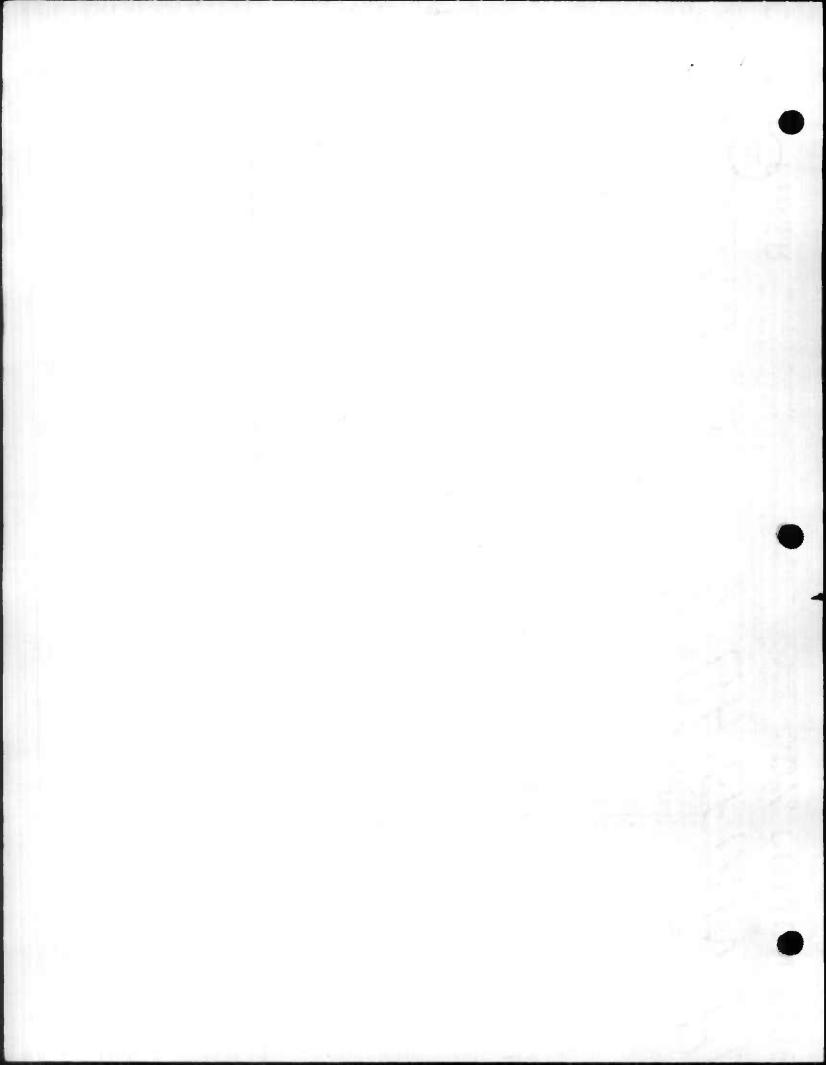
1 CERTIFYINO PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE

29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 028874 L. Guelloon. 19 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FRANK JACKSON MD 3 VILLAGE GREEN CROSTIN MD 21114 32. REGISTRAR'S SIONATURE whia Davidson-Randell



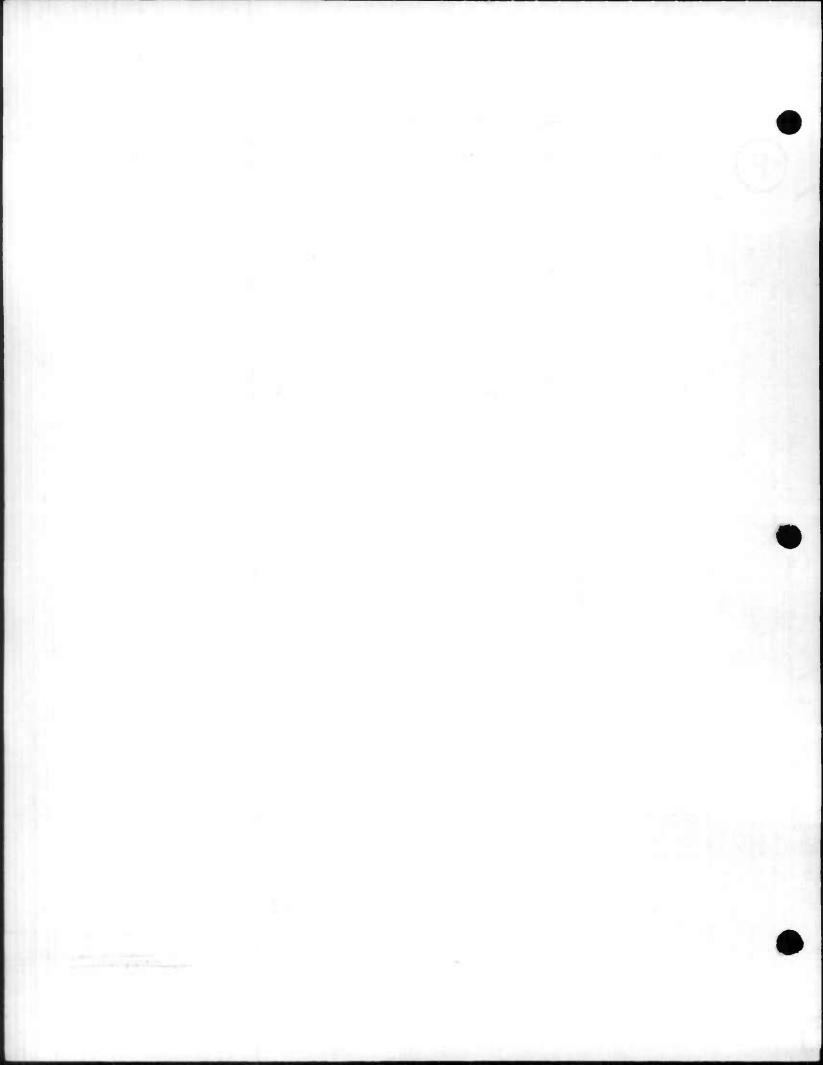
Page 6 may be retained by the hospital or attending physician. It director, page 5 should be detached for use as the burial-transit H notified Pe must medical the event, shows any injury, or other traumatic 23

DHMH-16 Bey 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the find within 72 hours after death with the State Dear of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It lem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CORDS, P.O. BOX 13	uires that the death certificate be execu	signed by the attending physician and Health and Mental Hydiene prior to bur	ws any injury, or other traumatic
DIVISION OF VITAL RE	OR ATTENDING PHYSICIAN: The law rec	DIRECTOR: After this certificate has been cours after death with the State Dept. of	tem 28 is marked, or item 23 sh
J	TO THE HOSPITAL	TO THE FUNERAL	IMPORTANT: If

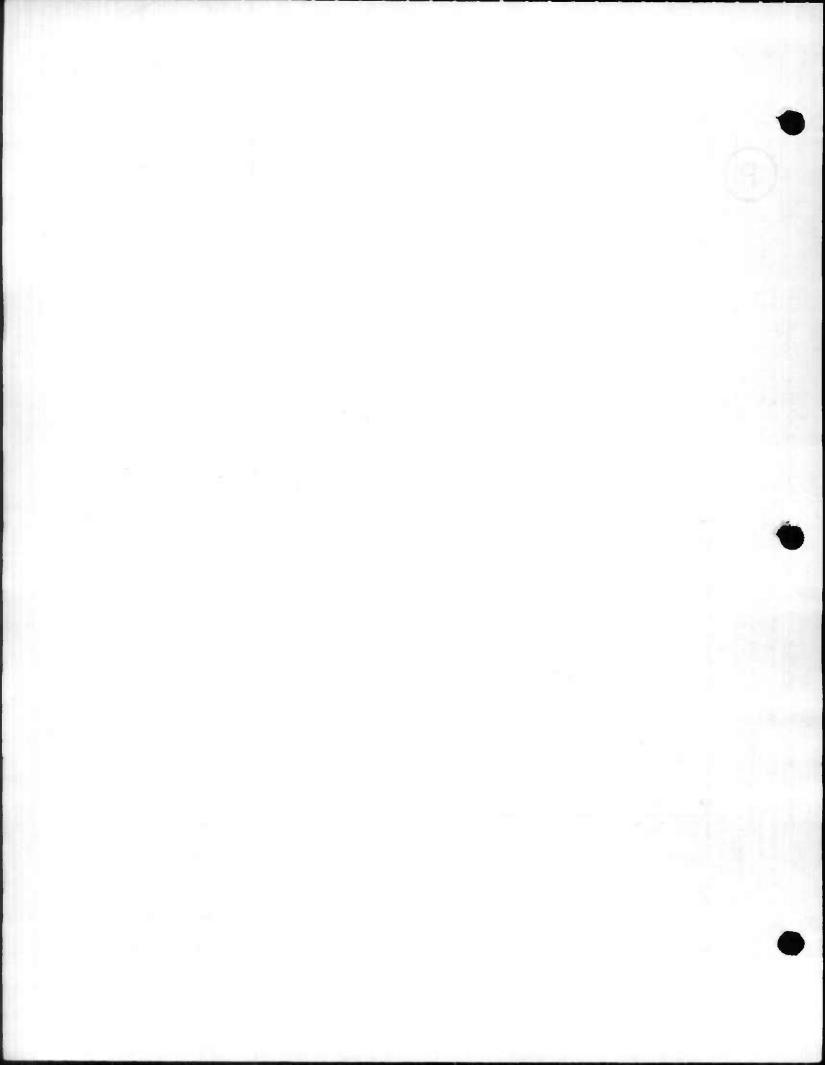
	REGISTRAR		CER	TIFICAL	E OF DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Las	Etthew	Daniel	I 1	Boon	2. DATE (OF DEATH DAY	YEAR O	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birt	MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE (DE BIRTH Dey., Yber)	8. BIRTHE Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, giv		,	PB. CIT	, TOWN OR LOCATION OF D	Cit	9c. COU	INTY OF DE	-
IOR IOR	ST JOSEPH HO	OSPITAL			TOWSON)	6	BALT	MORE
DIRECTOR	10a, STATE 10b, COU	NTY	10	oc. CITY, TOWN			^		10d. INSIDE CITY LIMITS?
	10a, STREET AND NUMBER			BAL	TIMORE 101. ZIP CODE	M	D I 100 CIT		1 YES 2 NO
FUNERAL	1208 SI	NDALL	ROAD		212	34		U	SA
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. ARMED I YES 2 NO MAR OR DATES	13.	WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto R		14. RACE Black, Specify	— American Indian, , White, atc. y:
COMPLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5	(Give ki	ENT'S USUAL C ind of work done NOT use retired.)	during most of working	16b.	KIND OF BUSINESS/IN	DUSTRY	
NO.	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S N	AME (First, A	fiddle, Maiden Surname)		
BE		OMAS	BOAN			RON	LEIGH		NES
5	19a. INFORMANT'S NAME (Type/Print)		190. M	208 -	S (Street and Number or Rural S IN DALL	^	OAD State, 21	123	34
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Re	emoval from State	other place)		ame of cometery, cromatory or		20c. LOCATION —		1 1.0
19	4 Donation 5 Cher (Specify) 21. SIONATURE OF FUNERAL SERVICE	LICENSEE	- 51.	DSEP	NAME AND ADDRESS OF F	ACILITY	1 100	150/	N MI
	•								
	IMMEDIATE CAUSE (Finel								Onset and I
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	Immaturity O OR AS A CONSEQUE	NCE OF):			C.		Onset and I
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONSEQUE O (OR AS A CONSEQUE O (OR AS A CONSEQUE	NCE OF):	ndarfyling cause given in	n Pert I.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b.	WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION DE CAL DE DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions and the conditions are sufficient conditions.	b. DUE TO	O (OR AS A CONSEQUE O (OR AS A CONSEQUE O (OR AS A CONSEQUE	NCE OF):			PERFORMED? 1 YES 2 NO	24b.	WERE AUTOPSY FIND AVAILABLE PRIOR OF CAL DF DEATH?
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions are successful to the condition of the condition o	b. DUE TO c. DUE TO d	O (OR AS A CONSEQUED O (OR AS A CONSEQUED O death but not reau	NCE OF): NCE OF): Itling in the u	26. PLACE OF DEATH (C R: rsing Home 5 ☐ Residence 28c. INJURY AT WORK?	Check only on	PERFORMED? 1 YES 2 NO		WERE AUTOPSY FIND ANAILABLE PRIOR DE COMPLETION DE CAU DE DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other algnificent condit	b. DUE TO c. DUE TO d	O (OR AS A CONSEQUEID O (OR AS A CONSEQUEID	NCE OF): NCE OF): Iting in the u DOA OTHE DOA INJURY M	26. PLACE OF DEATH (C.F.: rsing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	Check only on 8 Other 28d. DES	PERFORMED? 1	CCURED	WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAL DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initiated events resulting in death) LAST PART II. Other algnificent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not 1 determined 29a. CERTIFIER Check only	b. DUE TO c. DUE TO d	O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O death but not reau O death but not reau O death but not reau O death but not reau O death but not reau O death but not reau O death but not reau O death but not reau O death but not reau	NCE OF): NCE OF): NCE OF): DOA OTHE DOA 4 Nu Sb. TIME OF INJURY M farm, street, fac	26. PLACE OF DEATH (CR: rsing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO story, office	check only on 8 Othe 28d. DES 28t. LOC City	PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 (Specify) 1 (Specify) 1 (Street and Number or Town, State)	or or Aural A	1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initiated events resulting in death) LAST PART II. Other algnificent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not 1 determined 29a. CERTIFIER Check only	b. DUE TO c. DUE TO d	O (OR AS A CONSEQUED O (OR AS	NCE OF): NCE OF): NCE OF): DOA OTHE DOA 4 Nu Sb. TIME OF INJURY M farm, street, fac	26. PLACE OF DEATH (CR: R: reing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO ctory, office	28t. LOC City.	PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 (Specify) CRIBE HOW INJURY OF Town, State) ATION (Street and Number Town, State) 100 (a) and manner as stand place, and due to the	occurred are or Aural A	WERE AUTOPSY FIND AWALABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO Route Number,
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inklated events resulting in deeth) LAST PART II. Other algnificent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Pendicide Pending Investigation Pendicide Pending Investigation Pendicide	b. DUE TO c. DUE TO d	O (OR AS A CONSEQUED O (OR AS A CONSEQUED O (OR AS A CONSEQUED O death but not reau O death but not reau O death but not reau O death but not reau O death but not reau O death but not reau O death but not reau O death but not reau O death but not reau	NCE OF): NCE OF): NCE OF): DOA OTHE DOA 4 Nu Sb. TIME OF INJURY M farm, street, fac	26. PLACE OF DEATH (CR: rsing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO story, office	281. LOC City us to the csu we time, data	PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 (Specify) CRIBE HOW INJURY OF Town, State) ATION (Street and Number Town, State) 100 (a) and manner as stand place, and due to the	occurred are or Aural A	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION F CAL DF DEATH? 1 YES 2 NO Route Number (Month, Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 20 ment be filled within 72 hours after death with the State Dept. or Health and Mental Hypite prior to bridal, certained, or entering a mental as a manufacture of the page 1. The page 1. The page 1. The page 2. The page 3. The page 3. The page 3. The page 3. The page 4. The page 4. The page 4. The page 4. The page 4. The page 5. The page 5. The page 5. The page 5. The page 6. The

	1 - STATE OF MARYLAN	ID / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	REG. NO.							
	1. DECEOENT'S NAME (First, Middle, Last)	Blades	2. DATE OF DEATH DAY 9 YEAR 3. TIME OF DEATH WONTH 1477 A M							
1		TS. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 8. BIRTHPLACE (State or Foreign Country)							
1	213-74-5686 1 D M 2 F 88	9b, City, TOWN OR LOCATION OF DE	March 12, 1902 Delaware							
1	Caroline Nursing	caroline								
16	RESIDENCE OF DECEDENT									
DIRECTOR	MD Caroline	Ridgely	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 📉 NO							
ERAL	100. STREET AND NUMBER Box 45-A Hollsinger Lane 101. ZIP CODE 21660 USA									
BY FUNERAL	11. MARITAL STATUS 1 Never Merried CMMerried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U. PORCES? 1 YES:	2 NO If yes, specify Cuben, Maxice	n, Puerto Ricen, etc.) Black, While, etc.							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 7 Emeritary/Secondery (0-12) College (1-4 or 6+)	Se. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker	16b, KIND OF BUSINESS/INDUSTRY							
BE CON	17. FATHER'S NAME (First, Middle, Lest) William Hooper Jump		ME (First, Middle, Melden Surneme) izabeth Hutson Jump							
TO B	Rolen J. Blades, Jr.	19b. MAILING ADDRESS (Street and Number or Rural In POBox 301 Queen Ann								
שמצו ש		LACE OF DISPOSITION (Name of cometery, crematory or their place) Greensboro Ceme								
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	Greensboro, MD 21639 abein Fn Hm PO Bx 160							
vent, me medical	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Due TO (OR AS A CONSCOURNCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.									
snows any inju	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Ch	ack only one)							
YSI	1 TYES 2 NO 1 Inpatient 2 ER/Outpati									
	27. MANNER OF DEATH 26a. OATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUREO							
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify,	- At home, farm, street, tactory, office	28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowled one)		to the cause(e) end menner ee stated. time, date end place, end due to the ceuse(e) end menner ee stated.							
BE	206. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU	1376 29d. DATE SIGNED (Moght, Day, Year)							
2 ≥	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	1 10 D3, H (ITEM 27) (Typo, Print) POBOX 660 DO	atom M							
	31. DATE FILEO (Month, Day, You) 32. REGISTRAR'S, SIGNAT	TUDOK GGO DO								
	JAN 21 91 Gune David	son-Randell								



TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, L				2. DATE OF DEATH MONTH DAY	YEAR :	3. TIME OF DEATH			
A SOCIAL SECURITY NUMBER	1 IRENE		NES	2-10	- 91	6 PM			
213-14-4437A			INDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year) 12/25/13	Country)	LACE (State or Foreign			
9a. FACILITY HAME (If not institution, s			CITY, TOWN OR LOCATION OF D	EATH	C. COUNTY OF DE	ATH			
FALLSTON GEN		TAL	FALLSTON	3	MIRFO	CD			
10a. STATE 10b. CO			WN OR LOCATION	-	1	IOd. INSIDE CITY LIMITS?			
	arford	Stree				YES 2 NO			
3303 Satin S	twoot		107. ZIP CODE 21154	1	U.S.A				
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECEMBENT OF HISPA	HIC ORIGIH? (Specify Yea or		- American Indian,			
1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	24 HO	If yes, specify Cuban, Mexic 1 ☐ YES 2 ☑ NO Speci	an, Puarto Rican, etc.)	Black, Specify	White, etc.			
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEDENT'S USUA (Give kind of work of	AL OCCUPATION done during most of working red.)	16b. KIHD OF BUSIH	ESS/IHDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Associate the second		Ter la con					
17. FATHER'S NAME (First, Middle, Les		Homemal		In hom					
Walter Barne				garet McKinl	,				
19a, INFORMANT'S HAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rural						
John H. Barne	es	3103	Anna Drive	Street, Ma	ryland	21154			
20a. METHOD OF DISPOSITIOH 1 🔀 Burlal 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify)	Demonstrat Asses Cares	other place)	H (Name of comotory, cromatory or el United Meth		et Maryl				
21. SIGNATURE OF FUHERAL SERVICE		Carles Grape	22. NAME AND ADDRESS OF F	ACILITY					
23. PART I. Enter the diseases.	Mi Liovan	ni	Tarring-Carg Aberdeen, Ma			•			
immediate cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	lungo	eng t		Onset and Death			
PART II. Other significant cond	ditions contributing to death t	out not resulting in th	e underlying ceuse given in	Part I. 24a. WAS AN AL PERFORM 1 YES 2	ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDIC			26. PLACE OF DEATH (C	check only one)					
1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outs		HER: Nursing Home 5 Desidence	6 Other (Specify)					
27:MANNER OF DEATH t Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK? M 1 YES 2 HO	28d. DEŞCRIBE HOW INJ	URY OCCURED				
Accident Investiga 3 Suicide 6 Could no 4 Homicide datarmin	26s. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stree city)		28f. LOCATION (Street en City or Town, State)	d Number or Rural Ro	oute Number,			
Tourson outil	PHYSICIAN: To best of my know			e lime, date and place, and	dua to the bause(s)	and menner as stated. Month, Dey, Year)			
30. NAME AND ADDRESS OF PERSON	NAMED CAUSE OF DE	EATH (ITEM 27) (Type, Prin	Theel	Gran I	sela.	MN			
31. DATE FILED (Month, Day, Year) FEB 12 '91	3. REGISTRAR'S SIGN	AT Mandall		V		- January -			

DHMH-16 Rev 1/89

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		CERTIFI	ICATE OF	DEALU	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
LEONARD HOUSEN	BROWN SR				MONTH DAY	YEAR	9:10 PM		
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	1991	HPLACE (State or Foreign		
225051613	1 1		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6/27/06	Coun V2	A		
9e. FACILITY NAME (If not institution, give str	reat and number)		9b. CITY, TOWN	OR LOCATION OF DE	OF DEATH OC. COUNTY OF DEATH				
SACRED HEART HE	OSPITAL		CUMBE	RLAND, MI	MD ALLEGANY				
10a. STATE 10b. COUNTY				ATION		10d. tNSIDE CITY LIMITS?			
	121102012			n, WV	1.00	1 TES XX NO			
	Rt. 1, Box 137 A			16710	104	WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yee, s		NIC ORIOIN? (Specify Yee or N in, Puerlo Ricen, etc.) y:	o 14. RAG Bla Spe	CE — American Indian, ck, White, atc. White		
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUSINES				
Elementary/Secondary (0-12)	College (1-4 or 6+)		work done during no retired.) liceman	iost or working	Law Enfo	rcemer	nt		
12		FO.	TICEMAII						
17. FATHER'S NAME (First, Middle, Last)	OV 770				ME (First, Middle, Maiden Sum-	ame)			
Robert Henry Bro	OWN			Bette					
190. INFORMANT'S NAME (Type/Print) Betty Lou Derr					Route Number, City or Town, Sti Lington, WV	., -, -,,)		
200. METHOD OF DISPOSITION									
XIX Buriel 2 Cremetton 3 Remo		b. PLACE AND DATE cemetary, crematory Co	or other place)		2/1/91 ARI	PA			
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				CILITY Shaffer F				
> Sarahs	magus		230	E. Main	St., Romney,	WV 2	26757		
disease or condition rasulting in death)	Carl	ropula	many	een 1	enest				
Sequentially list conditions, if any, leeding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury	g	A CONSEQUENCE OF A CONS	wor	in F	enest	2			
Sequentially list conditions, if any, leeding to immediets cause. Enter UNDERLYING	g	nue	wor	COLD.	uling				
Sequentially list conditions, if sny, leeding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	g	nue	wor	COPD F	uling				
Sequentially list conditions, if sny, leeding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF	F):	COPD ng cause given in		OPSY 24	Ab. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
Sequentially list conditions, if any, leeding to immediets cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A	A CONSEQUENCE OF	F): In the underlyi	COPD ng cause given in	Part I. 24a. WAS AN AUT PERFORMED 1 YES 21/2]	OPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
Sequentially list conditions, if sny, leeding to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condition Suppose 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS a contributing to death in the second of the	A CONSEQUENCE OF	in the underlyi	COPD ng cause given in PLACE OF DEATH (C)	Part I. 24a. WAS AN AUT PERFORMED 1 TYES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
Sequentially list conditions, if says, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS a contributing to death in the state of the	A CONSEQUENCE OF	Pi: In the underlyi 26. OTHER: 4 Nursing Ho RE OF 28c. II	COPD ng cause given in	Part I. 24a. WAS AN AUT PERFORMED 1 U YES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DPSY 2-4 17 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
Sequentially list conditions, if sny, leeding to immediets cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent condition Suppression 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO 27. MANNER OF DEATH	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	In the underlyi	PLACE OF DEATH (CI	Part I. 24a. WAS AN AUT PERFORMED 1 U YES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DPSY 2-4 NO RY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
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Sequentially list conditions, if sny, leeding to immediets cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Sulette 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS	but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not resulting but not not not not not not not not not no	26. OTHER: 4 Nursing Hotel He Of JURY M 1 street, factory, of red at the time, de	PLACE OF DEATH (Cr. PULL AT AT YORK? VES 2 NO	Part I. 24a. WAS AN AUT PERFORMED I VES 21/2 Peeck only one) 6 Other (Specify) 28d. DESCRIBE HOW INJUIT City or Town, State) 9 to the cause(e) end menner at time, date end place, end de	DPSY 2.1 PRY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
Sequentially list conditions, if any, leeding to immediets cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be distermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	In the underlyl 26. OTHER: 4 Nursing Hotel Born 28c. II JURY 1 street, factory, of	PLACE OF DEATH (CHORN TO THE S Residence NJURY AT YORK? YES 2 NO tice	Part I. 24a. WAS AN AUT PERFORMED I VES 21/2 Peeck only one) 6 Other (Specify) 28d. DESCRIBE HOW INJUIT City or Town, State) 9 to the cause(e) end menner at time, date end place, end de	DPSY 2.1 PRY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO If Route Number,		



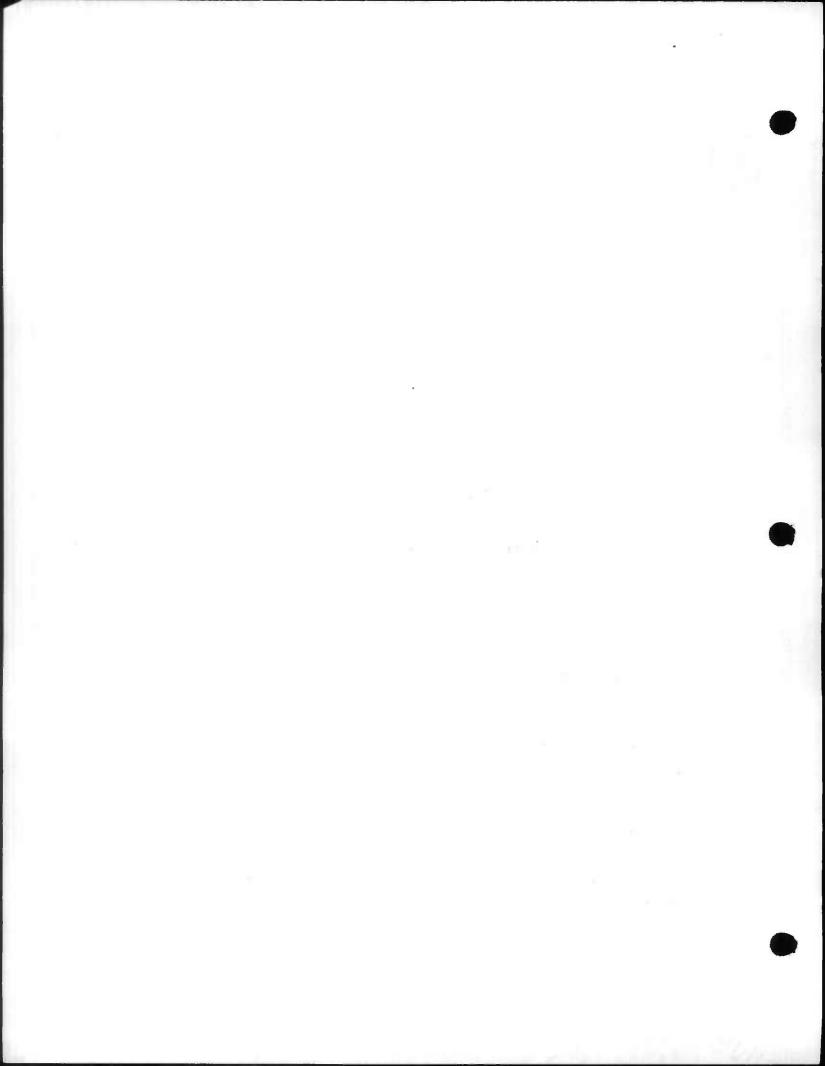
FOR

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
of toricial unicolor, page a should be betatated.	TO THE CONTRACT DIRECTOR. After this contrade has been signed by the automoning prescuent and compress involved to be to the contract of the c
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Lars after death. Page 6 may be retained by the hosp

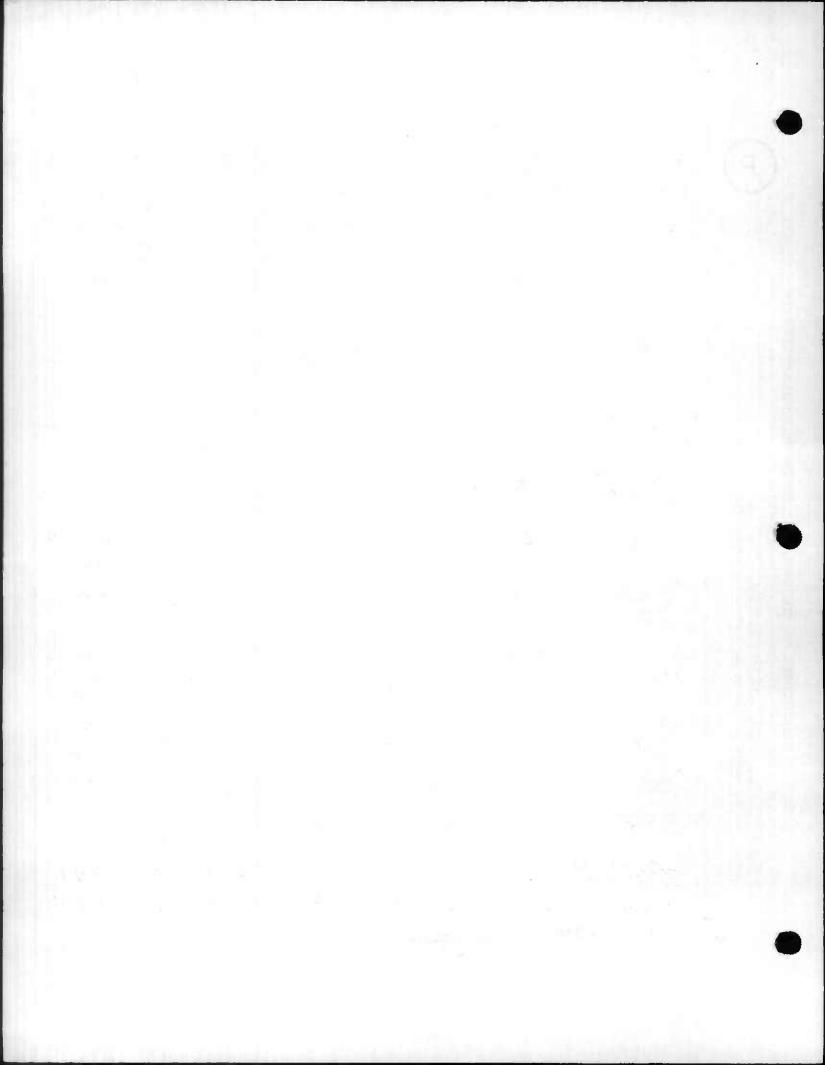
	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF					MENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Leet) MARGARET B. I	BLOOM						2. DATE OF DEAT MONTH Februar	y 4,19	YEAR 3.	TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 217 16 7158	1 🗆 M 2 🖂 🕌	E (In yrs. last birthday) 66 YRS.	IF UNDER 1	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Yea Dec. 5,1	15)	6. BIRTHPLACE (State or Foreign Country) Maryland	
1	St Agnes Hospit		Baltimore Maruland 9c. COUNTY OF DEATH Baltimore Maruland							н	
3	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	10c, CI1	Y, TOWN O	R LOCAT	ION				104	I. INSIDE CITY	
E I	Manufacial Rei	Maryland Baltimore				Arbutus					LIMITS?
UNEHAL	100. STREET AND NUMBER 1227 Linden Ave		10f. ZIP CODE 21227					10g. CITIZ	1 ☐ YES 2 🔏 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A.A.		
H				S. ARMED 13. WAS DECENDENT OF HISPANIC							
BY FU	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	TE VES CIVE WAD OD DATES					n, Mexica	n, Puarto Ricen, atc	y Yea or No—		American Indlen, hita, etc. Vhite
3	15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OC	CUPATIO	ON		18b. KIND OF	BUSINESS/IND	USTRY	
COMPLEIED	(Specify only highest grad	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done di se retired.)	uring mo	et of workir	g	Gene	eral El	ectri	2
S	17. FATHER'S NAME (First, Middle, Last)			-	-	16, MOT	HER'S NA	ME (First, Middle, Ma	ilden Surname)		
	William Rus	0011						J Vette			
מ	19a. INFORMANT'S NAME (Type/Print)	BELT.	19b. MAILING	DADDRESS	(Street a	nd Number				Code)	
2	M's Sandra Rub							outus Md			
	26a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	other place of dispo	stlaw	n				Howard		y Md.
	21. SIGNATURE OF FUNERAL SERVICE L	A. With	la .					Funeral imbia Pil			ity
	23. PART I. Enter the diseases, or	complications that caus	sed tha death. Do	not enter	tha mo	de of dy	ing, auci	h aa cardlec or r	respiratory arm	eat,	Approximats
	ahock, or heart fellure	List only ons cause on					- 4 1	011			Interval Between Onset and Death
	disease or condition resulting in deeth)	B. DUE TO (OR AS	CAR	DIA	L	1	IV	PARC	-7		
_		adhi	aure		COVO Mary artery disease						
2	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):		_		1	المرابع المرابع		
CEMILLICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	PF):							
2		d									
DICAL	PART II. Other significant condition	na contributing to death	but not resulting	in the un	derlyin	g cause (given in	PE	S AN AUTOPSY REORMED?	AM CO	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDI								_		1 [YES 2 NO
SICIAN		7									
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		OTHER		ACE OF D	EATH (Ch	eck only one)			
2 1	1 TYES 2 NO	-	utpatient 3 DOA	_			eldence	6 Other (Specify			
- 1	1 Netural 5 Pending	(Month) Day, Year	Y 28b. TII	JURY M	WC	URY AT PRK? YES 2 [] NO	26d. DEŞCRIBE H	OW INJURY OCC	URED	
בט פז	2 Accident Investigation 5 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, pecify)	street, facto	ory, offic	•		281. LOCATION (S City or Town,		or Rural Rout	Number,
COMPLEIED	enel .	SICIAN: To the best of my kn									
5		IER: Of the basis of examina	tion and/or investigati	on, in my o	pinion, d				e, and dua to th	e cause(s) ar	d menner as stated.
0 00	29b. SIGNATURE AND TITLE OF CERTIFI	Jana	ha	x		29c. LIC	D 2	1928	29d. DATE	V/	of the food
	LEONEL BARK		3459	ST.	Jo	HN!	s L	ANE, E	LLICOT	Cen	1, ND 43
	FEB 0 7 91	fulia Davidso	gnature mandall								

The state of the second absentals of the second absental absentals of the second absental absentals of the second absental absentals of the second absentals of the second absental absentals of the second absental absentals of the second absentals of the second absental absentals of the second absental absental absental absentals of the second absental absentals of the second absental absentals of the second absental absentals of the second absental absentals of the second absental

		FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND I	MENTAL HYGIENI REG. NO.	E			
		1. DECEDENT'S NAME (First, Middle, Last) Arthur Elroy Be	craft			-	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH		
				n yrs. last birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	Feb. 4	. 1991 s. Biff	3:45 a. M		
(H		214 - 03 - 8563	X) м 2 □ F 7	6 YRS.	MONTHS DAY	S HOURS MIN.	March 21	, 1914	Maryland		
3 250	B	Montgomery Gene		ital		/N OR LOCATION OF DE ロ色ソ	EATH	96. COUNTY OF			
2 2	СТО	RESIDENCE OF DECEDENT									
Pages	рівестов	Maryland Montgome	2ru		v, town on Lo Luer Sp	10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
bemi		10s. STREET AND NUMBER			1	10f. ZIP CODE	WHAT COUNTRY?				
an.	FUNERAL	16716 Oak Hill Road				20905			S.A.		
ling physician. the burial-trans	BY	11. MARITAL STATUS 1	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes	DECENDENT OF HISPAI , specify Cuben, Mexica YES 2 NO Specify	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	Bio	CE — American Indien, ick, White, atc. scity: White		
attending use as the	9	15. DECEDENT'S EDUCATION (Specify only highest grade com		16a. DECEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUSTRY			
by the hospital or attending be detached for use as the at once.	COMPLETED	Elementery/Secondery (0-12) Co	ollege (1-4 or 5+)	Manage			Gas Sta	tion			
the hospital detached fo	MO	17. FATHER'S NAME (First, Middle, Last)		marange	•	ts. MOTHER'S NA	ME (First, Middle, Maiden		-		
	BE C	Benjamin Becraft				Mary Kr					
should 5 should notified	0	19a, INFORMANT'S NAME (Type/Print) Ruth Irene Becraft					Route Number, City or Town		weard anno		
		209, METHOD OF DISPOSITION	20b	PLACE OF DISPO	SITION (Name o	cc Nouu, s		CATION - City or	yland 20905 Town, State		
Page 6 ma al director, p		1 X Buriel 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	from State	Inion Ce	metery		Bur	tonsvill	le, Maryland		
ter death. Page 6 may be the funeral director, page vval.		21. SIGNATURE OF FUNERAL SERVICE LICENS	11			E AND ADDRESS OF FA	eral Home,	P.A.	-		
after death. y the funera noval.		Should Jank	the like The		313	Talbott A	ve. Laurel	, Maryla	nd 20707		
in by remo		23. PART I. Enter the diseases, or complications that caused the desth. Do not snter the mode of dying, such as cardiac or respiratory arrest, abock, or heert felture. List only one cause on each line.									
fille tion,		IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute renal failure									
completely fille ial, cremation, event, the		resulting In death) a	DUE TO (OR AS A	CONSEQUENCE	DF):				IWK		
executed within and completely o burial, crema matic event,	N O	Sequentially list conditions, b	DUE TO /OR AS A	CONSEQUENCE	NE).						
e be sician prior t	AT	If any, leading to immediata cause. Enter UNDERLYING	Due to (on As A	CONSCOUENCE	re).						
ertificat ing phy- giene p	CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):						
end in	EH	resulting in deeth) LAST							-		
in d the	CAL	PART II. Other significant conditions of			in the under	lying cause given in	Part I. 24e. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
	MEDIC	Commany Quel	en de	Seasi			1 _ YES 2	NO NO	OF DEATH?		
he law requires that has been signed to Dept. of Health and 23 shows any	M	STAPICE					-	1	1 TYES 21 NO		
V: The law icate has b State Dept item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	000174		Y	6, PLACE OF OEATH (C	heck only one)				
SICIAN: The lancertificate has the State Dep. 1, or item 23	YSIC	1 □ YES 2 NO 11	OSPITAL: Inputient 2 = ER/Outp			Home 5 🗆 Residence					
NG PHYSI fter this co eath with t marked,		27. MANNER OF DEATH 1.2 Netural 5 □ Pending 2 □ Accident Investigation	2Se. DATE OF INJURY (Month, Day, Year)	26b. TH	JURY	WORK?	2Sd. DEŞCRIBE HOW I	INJURY OCCURED			
CTOR: A after di	тер ву	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datermined	2Se. PLACE OF INJURY building, etc. (Spec	' — At home, ferm, cify)	street, fectory,	office	2St. LOCATION (Street City or Town, State)		al Route Number,		
TAL OR A AL DIREC 72 hours If item	COMPLET	29e. CERTIFIER (Check only	N: To the best of my know	ledge, death occur	red at the time,	date end place, end du	e to the cause(e) end ma	nner ee stated.			
HOSPITAL FUNERAL WITHIN 72 P	CON	one) 2 MEDICAL EXAMINER: C	On the basis of exemination	n end/or investigat	ion, in my opini			nd due to the ceus	e(e) and manner as stated.		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	Dennis M. Hant		> 10 DV		D231	24	≥ 2. 4	ED (Month, Day, Year)		
		30. NAME AND ADDRESS OF PERSON WHO C	Philip	EATH (LTEM 27) (Typ	Olne	ma ma	20832				
		FEB 0 5 91	32. REGISTRAR'S SIGN	Son-Randel	12						



	•	FOR STATE REGISTRAR	TATE OF MARYLANI			OF HEALTH		ENTAL HYGIEN REG. NO.	E	21 03170
		1. DECEDENT'S NAME (First, Middle, Last)	Walter			Brown		Feb. 15,		S. TIME OF DEATH 8:25 A M
		4. SOCIAL SECURITY NUMBER 5.		. lest birthday)	IF UNDER 1	YEAR IF UNDER	24 HRS. 7	DATE OF SIRTN		8. SIRTNPLACE (State or Foreign
		244-16-9390	M 2 □ F 7	3 YRS.	MONTHS	DAYS HOURS	MIN.	(Month, Day, Year) Aug. 2, 1	917	North Carolina
De la	/	9e. FACILITY NAME (If not institution, give street	and number)		9b. CITY,	TOWN OR LOCATE				ITY OF DEATN
35	E G	Cuppett-Weeks Nurs	ing Home			0akla	nd			Garrett
1. 2.	CTOR	RESIDENCE OF DECEDENT								
Pages	DIREC	District of No.			To ob		C			10d. INSIDE CITY LIMITS?
		Columbia 100. STREET AND NUMBER	ne		VasiiII	ngton, D			OITI	1 📉 YES 2 🗌 NO
. Ja	RA	1132 45th St.				101. 217 0001	2000	19	log. Civia	USA
cian. Hrans	FUNERAL		WAS DECEDENT EVER IN U.S	. ARMED	13. W	AS DECENDENT O		ORIGIN? (Specify Yes	or No-	
AND 21203-3146 the hospital or attending physician. detached for use as the burial-transit permit. once.	BY FL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	H		n, Mexican, I	Puerto Rican, atc.)		14. RACE — American Indian, Slack, Whita, atc. Specify: Black
attend	0	15, DECEDENT'S EDUCATIO (Specify only highest grade comp	ON 16e	DECEDENT'S	USUAL OC	CUPATION uring most of working		16b. KIND OF SU	SINESS/INDI	USTRY
212 al or a for us	COMPLET	Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)	Iffe. Do NOT u	ise retired.)		-9			
AND 2 the hospital detached once.	MP	4th		Boile	er Eng	gineer		Apart	ment	Building
ANC the hos detach	8	17. FATNER'S NAME (First, Middle, Last)				-	CENT SHE	(First, Middle, Maiden	Surname)	
YL at be	8	Jessie -	Bro				ssie			Brown
MARYLAND retained by the hosp should be detached notified at once.	0	19a. INFORMANT'S NAME (Type/Print) Frances Wood		County of the Park of the				the Number, City or Tow		20009
2 2 0		20a. METHOD OF DISPOSITION	200 89			ne of cometery, crem		hington,		City or Town, State
Page 6 may I director, pa		1 2 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State oth	er place) kland	Cemet	e or cometery, crem	natory or			l, Maryland
Page direc		21. SIGNATURE OF FUNERAL SERVICE LICENS		KTand		AME AND ADDRE	SS OF FACIL		KIANG	i, Haryland
BALTIMORE, 24 frours after death. Page 6 may te filled in by the funeral director, pag fon, or removal.		· Broller A	La well			tewart 1 2 S. Se		al Home St., Oakl	and,	MD 21550
Bours after of in by the or removal.		23. PART I. Enter the diseases, or com	plications that caused the	e death. Do						eat, Approximata
24 hours filled in on, or m		ahock, or heart failure. List IMMEDIATE CAUSE (Final	only one cause on each	lina.						Interval Batween Onset and Daath
		disease or condition - Anemia 6 Mouth								6 Mouths
13146, executed within 2 and completely o burial, crematic matic event, th			DUE TO (OR AS A CO	NSEQUENCE C	DF):	- 1	_			
13146, axecuted with and comple or burial, crematic even	Z	Sequentially list conditions, b	Chronic	Ken	al F	ai lure				11-ear
OX 131 e be execut sician and c rior to buris traumatic	CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CO	NSEQUENCE O	OF):					1 Year 5 Years
BOX ficate be e physician one prior to her traum	윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO							10 /Eury
O cert	Ē	resulting in death) LAST			,					
Tatte att	핑	d								
S a to M	CAL	PART II. Other algolificent conditions co						nrt I. 24e. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
RECORE requires that een signed by of Health and shows amy	8	Demontia, N	ormol pres	sure	It y av	-o cephi	2/45	_ 1 [] YES :	NO	OF DEATH?
RECO w requires been signe or, of Health	MED				-	/		_		1 TYES 2 NO
was been 23	N.	25. WAS CASE REFERRED TO MEDICAL								
VITAL JAN: The Is tificate has e State De	SICIAN	EXAMINER? HO	OSPITAL:		OTHER					
F VITA SICIAN: Th certificate h the State d, or Iten	PHYS	1 YES 2 08 NO 1 C	Inpatient 2 ER/Outpatie	nt 3 🗆 DOA		ing Home 5 R	-	Other (Specify) 28d. DESCRISE NOW	INJURY OCC	CURED
N OF NG PHYS sath with marked		1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY M	WORK?				
ON VDING I S. After r death	84	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY —	At home, farm,	atreet, facto			26f. LOCATION (Street	and Number	or Rural Route Number,
S after 10 started 10	ETED	4 Nomicide 6 Could not be determined	building, atc. (Specify)					City or Town, State)	
DIV L OR A DIREC hours	F	29a. CERTIFIER (Check only	: To the best of my knowledg	e, death occur	red at the ti	me, deta and place	, and due to	the cause(a) and me	nner as stat	led.
HOSPITAL FUNERAL within 72	COMPL	ana)	in the besis of examination an	d/or investigat	ion, in my o	pinion, death occu	red at the ti	me, data and place, a	nd due to th	ne cause(s) and manner as stated.
E HOSPI E FUNER d within		29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LIC	ENSE NUMS	ER	29d, DAT	E SIGNED (Month, Day, Year)
TO THE HOSPI TO THE FUNER be filed within	TO BE	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH	(ITEM 27) G	1.0) 2.	5 759	> (02-15-91
		Walter K.	Nauma	nn h	1	A	cci	dent	MI	21520
	2	FEB 1 9 1991	Julia Davidson							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending prystal	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnar sher death with the State Dent, or Health and Mental Hydiene prior to burlat, cremation, or removal.	Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
		- 5	_

THE HOSPITAL DR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after dea IMPORTANT: If Item 28 Is m

MARIO F. GOLLE, JR., MD

32, REGISTRAR'S SIGNATURE Julia Savidson-Randell

31. DATE FILED (Month, Dey, Year)
FFB 14 '91

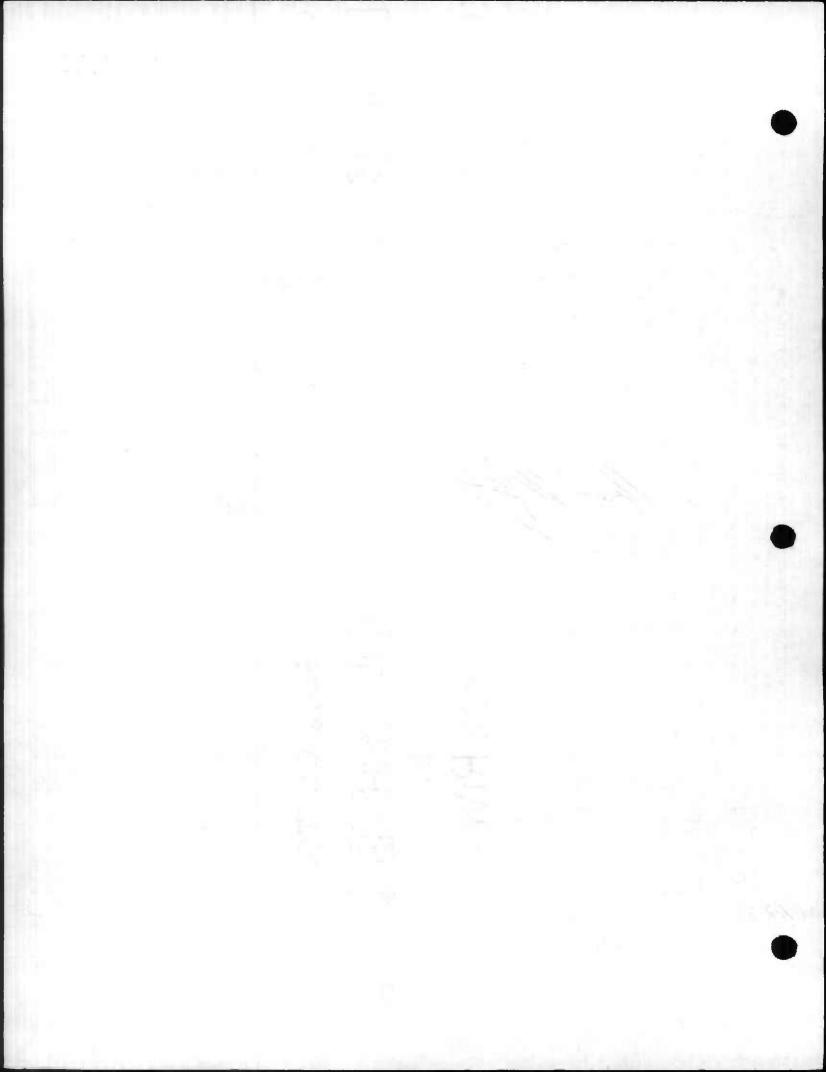
Pages 1, 2, 3 should

FUNERAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 2-7-91 5:12AM **JAMES** ANTHONY COVOLO 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 213-02-8342 DAYS HOURS 17 M 2 F Wash., D.C. YRS. 1968 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5 at Manchester Drive Clinton Prince Georges Co RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Temple Hills 1 TES 2 NO Maryland Prince Georges's 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3204 Beaumont Street 20748 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES ☑NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, atc. 1-Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 XXIO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY College (1-4 or 8 +) T.H.E. Electric Co. 11 Electrician 0 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Donna J. Hutchison Robert L. Covolo, Sr. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as 10a-10f. Donna Covolo 20a, METHOO OF DISPOSITION
1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION --- City or Town, State Ft. Lincoln Cemetery 2-12-91 Brentwood, Md. 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNDINAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Md. 20735 Clinton, Md. 23. PART I. Enter the diseases, or compligations that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, **Approximate** shock, or heart fellure. Liet only one cause on each line. Interval Betw Onset and Deeth IMMEDIATE CAUSE (Final disease or condition . Multiple injuries resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL NO NES 2 | NO OF DEATH? XXXXYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **FXAMINER?** OTHER: NES 2 - NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nun ng Home 5 Residence 6 Mother (Specify) Scene 28b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF DEATH 28a. DATE OF INJURY 28d. OESCRIBE HOW INJURY OCCUREO 2-(Month 9 1ay, Year) 4"3UAM Driver in auto/fixed object/ 1 Natural 8 Pending 1 TES 2 THO BY Accident
3 Suicide Investigation 281. LOCATION (Street and Number of Hural Route Number, 28s. PLACE OF INJURY --- At home, farm, street, factory, offica building, etc. (Specify) 6 Could not be determined COMPLETED 4 Homicide Rt. 5 at Manchester Dr., Clinton, Road 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due from Educate) and management of the basel o MEDICAL EXAMINER: On the b diec investigation, in my opinion, o th occured at the time, data and place, and due to the cause(a) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE BIONED (Month. Day, Year) BE OCME 2-7-91 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) These Things

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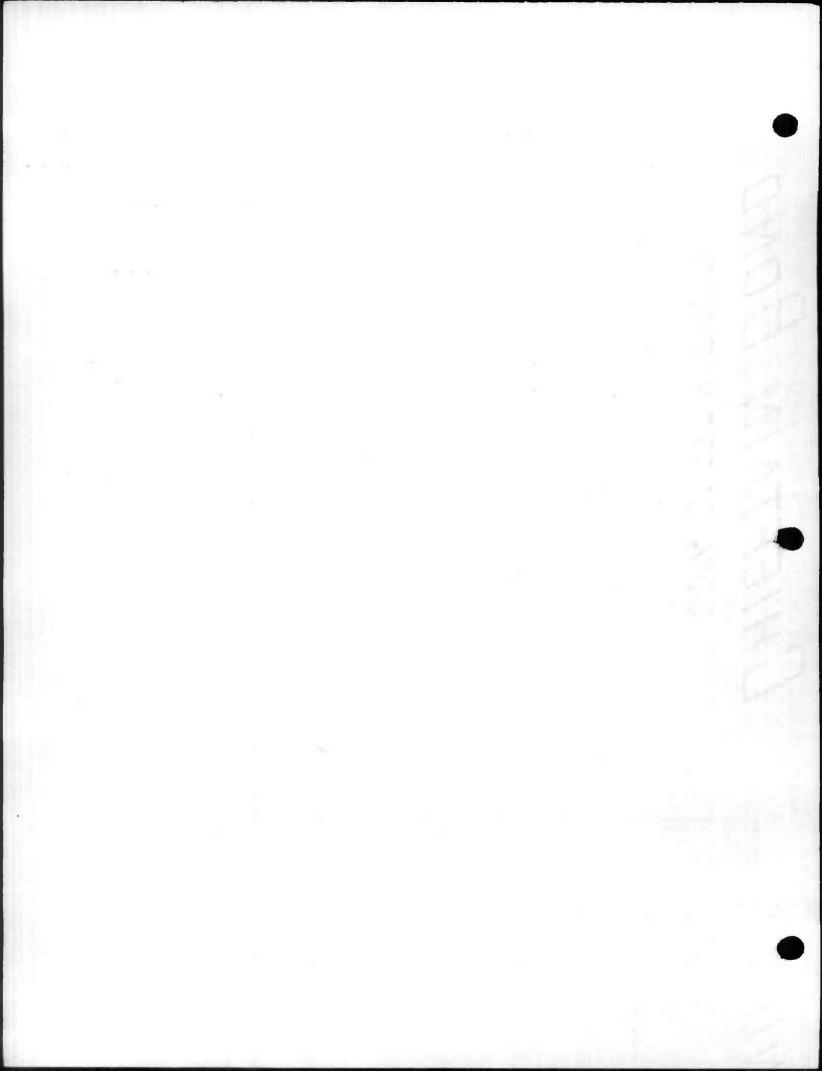
111 Penn Street, Baltimore, MD 21201



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31. DATEBLED (M4787.99 7000)

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1. DECEDENT'S NAME (First, Middle, Last Edith	cheseldi	ia Cheseld	ше	2. DATE	OF DEATH DAY	YEAR	3. TIME OF DEATH
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		reet	Temple Hi		9c.	COUNTY OF	G
RESIDENCE OF DECEDENT 104. STATE 105. COUN Marvland Pr	ince George'		TOWN OR LOCATION ple Hills				10d. INSIDE CITY LIMITS? 1 YES 2XXNO
10e. STREET AND NUMBER			10f. ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?
4903 McKinle	ey Street		20748			U.5	S.A.
11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ YI IF YES, GIVE WAR OF	ES 2 (10	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Spec	en, Puerto R	? (Specify Yea or No Rican, atc.)	Blad	DE — American Indian, ck, Whita, etc. city: ICasian
15. DECEDENT'S ED (Specify only highest gra-	DUCATION de completed)	16a. DECEDENT'S U	rk done during most of working	16b.	KIND OF BUSINES	-	
Elementary/Secondary (0-12)	College (1-4 or 5 +) N/A	Telepho	ne Operator		C & P T	elepho	one Co.
17. FATHER'S NAME (First, Middle, Lest)				AME (First, N	Aiddle, Maiden Surna		
Charles E. Dona	aldson		Mac	deline	R. Done	ovan	
19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Number or Rura	l Route Numb	per, City or Town, Ste	te, Zip Code)	
William Cheselo			e as 10 A-F				
20a. METHOD OF DISPOSITION	moval from Stata	other place)	TION (Name of cemetery, crematory or		20c. LOCATIO		
Donation 6 - Other (Specify)	LICENSEE	Maryland	State Veterans 22. NAME AND ADDRESS OF F				ham, Maryla Home, Inc.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trangit perfinit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

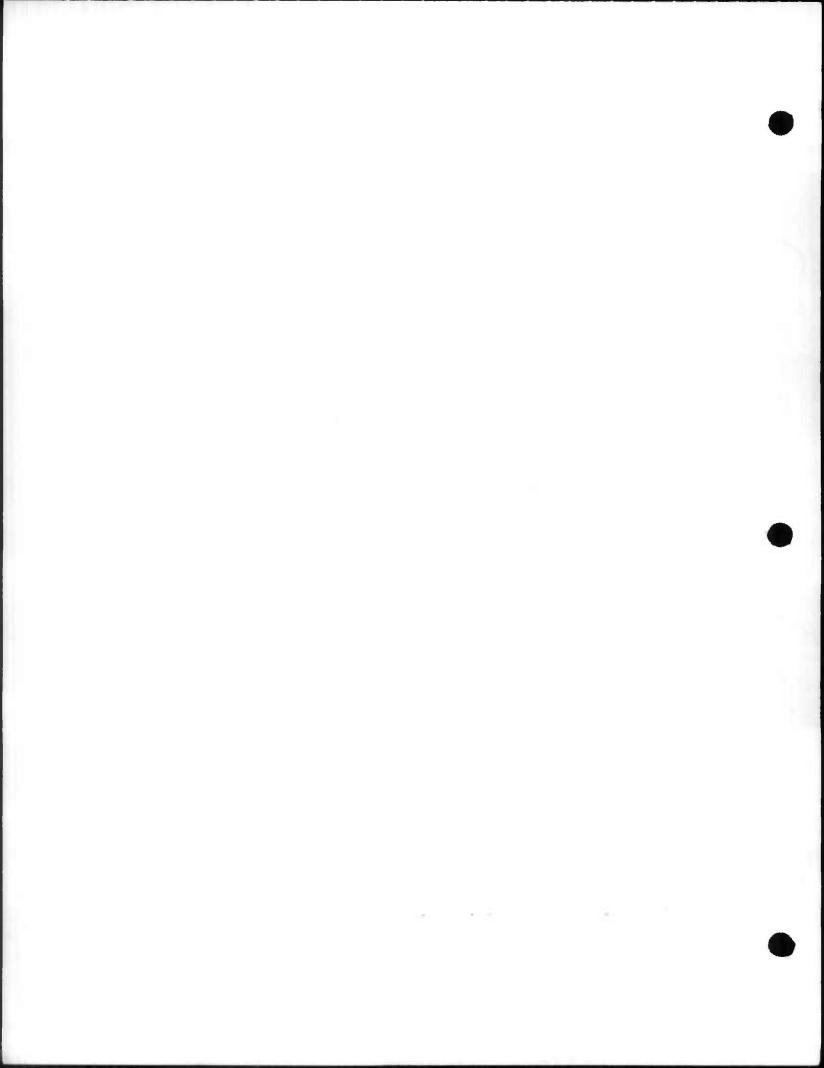
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

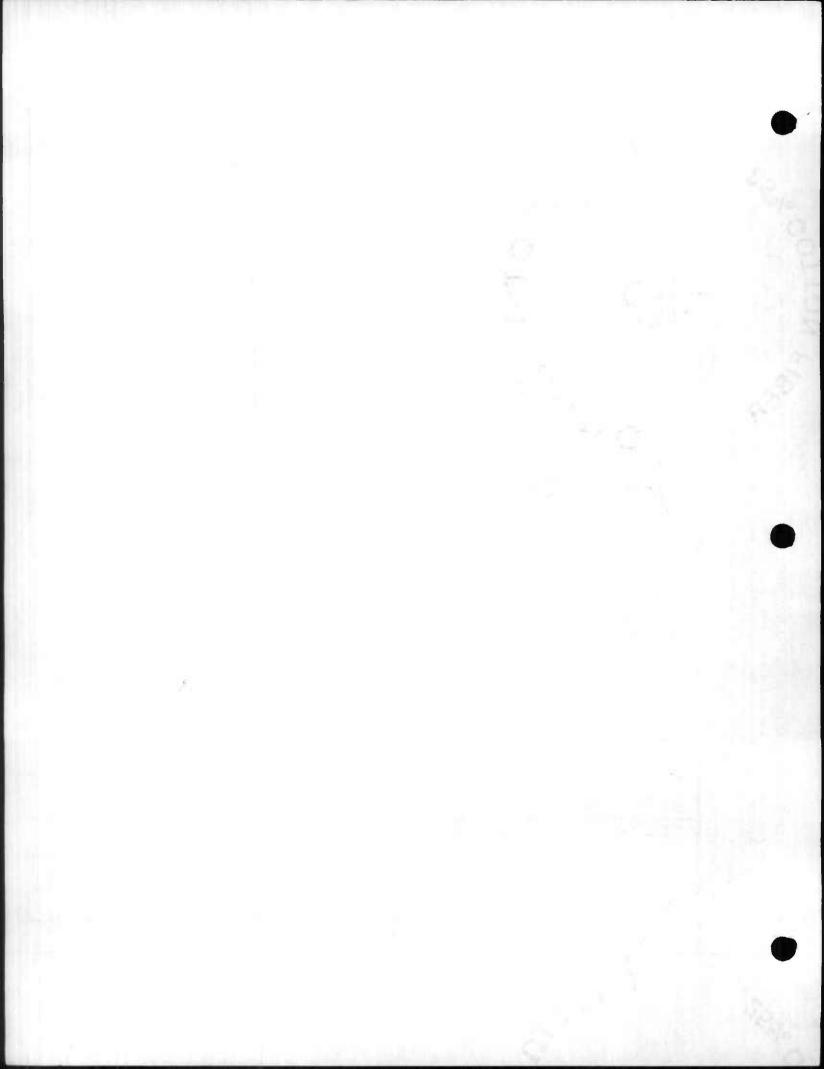
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	578-16-5081	5 - 10	00 1115			OR LOCATION				INTY OF	
æ	9e. FACILITY NAME (If not institution, give st			90. 0				ATH			
힏	PHYSICIANS ME	MORTAL H	OSPITAL		LA	PLATA	1		CHA	RLE	S
<u> </u>	10a. STATE 10b. COUNTY	,	10c.	CITY, TOV	VN OR LOCAT	ION					10d. INSIDE CITY
H	Maryland Ch	arles		Ind	ian H	ead					1 X YES 2 NO
AL	10e. STREET AND NUMBER				10	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
ER	23 Glymont Rd.					20640			U	.S.A	•
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT I						VIC ORIGIN? (Specify Ye	or No-	14. RAC	E — American Indian, ik, White, etc.
BYF	1 Never Merried 2 X Merried 3 Wildowed 4 Titvorced		YES 2 NO			2 XNO		n, Puarto Ricen, etc.) y:			White
		WWII WWII								<u> </u>	·
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16e. DECEDEN (Give kind	of work of	L OCCUPATION DO DE CONTROL DE CON	ON ost of working		16b. KIND OF BU	SINESS/IN	DUSTRY	
3	Elementary/Secondary (0-12)	College (1-4 or 5+)	Master					Federa	1 Go	vern	ment
M	12 17. FATHER'S NAME (First, Middle, Last)				-	40.000000			0		
ဗ	John Alton Cook	Sr.				Mabe	e1	ME (First, Middle, Maider Bierach	Sumame)		
BE	19e. INFORMANT'S NAME (Type/Print)		105 MAII	INC ADD	DERR (Canal	and Abamban a	. Descri	Route Number, City or Tov	on Chate 7	in Cadal	
6	Virginia Lee Cook	:	23 G	1ymo	nt Rd	. Ind:	ian	Head, Mar	ylan	ď 20	640
	20a. METHOD OF DISPOSITION		20b. PLACE OF DIS	POSITION	Name of ce	melany crame	tory or	20c L6	CATION -	Clfv or T	own, Stata
	1 Donation 5 Other (Specify)	oval from State	other place) Metrop		127			100			Virginia
	21. SIGNATURE OF FUNERAL BERVICE LIE	selflee / /	Metrop	OIIL	22. NAME A	ND ADDRESS	OF FA	CILITY			VIIgIIIIa
	Journal	14-11	11					las Funera			
	Hearger	Jack	NO.					11 Rd. Oxo			
	23. PART i. Enter the diseases, or of shock, or heart fellure.			D not s	nter the mo	ode of dyin	g, suc	h ae cardiac or resp	iratory s	rrest,	Approximate interval Between
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Ē	that initieted events resulting in deeth) LAST										
CERTIFICATION		d									
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MEDICAL	Q CTANGRINS	(Page)	1055	0 1	-58			1 _ YES	2 NO		COMPLETION OF CAUSE OF DEATH?
ME	W SERSYS			1							1 - YES 2 - NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110000000		T		LACE OF DE	ATH (C	heck only one)			
SIC	1 VES 2 NO	HOSPITAL:	ER/Outpetlent 3 DO		HER: Nursing Ho	ne 5 🗆 Ree	idence	6 Other (Specify)			
H	27. MANNER OF DEATH	26e. DATE OF II (Month, Day		TIME OF		JURY AT ORK?		28d. DESCRIBE HOW	INJURY O	CCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation					YES 2	NO				
ED E	3 Suicide 6 Could not be	28e. PLACE OF building, e	INJURY — At home, faic. (Specify)	rm, street	, factory, offi	ce		26f. LOCATION (Street City or Town, State		er or Rura	l Route Number,
IE	4 Homicide determined										
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of n	ry knowledge, death oc	curred at	the time, dat	e end place,	and du	e to the cause(e) end m	enner ee a	tated.	
COMPLET	2001	ER: On the basis of exa	mination end/or investi	gation, in	my opinion,	death occure	d at the	time, date end piece,	nd due to	the couse	(e) end manner se stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	n, y l				29c. LICE	NSE NU	IMBER	29d, D/	ATE SIGNE	ED (Month, Day, Year)
BE	/ Istana la Tana	the way	10.0			No	77	LI LI	•	2	19/91
5	30: NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	00-	Type, Print)	1170	1_/	17		-	11///
	ARTURO M. MONT	CEIRO M.				A PT	. Д Т	A MARYLA	MD C	0001	,
	31, DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE '	449	J 41	45 51	WI	A HARTLA	ND Z	1164	b
	FEB 11 '91 a	Fred Davidson	- Pandelle								



DHMH-16 Rev 1/89

nit, Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF I			YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY	YEA	3. TIME OF DEATH
	CLAUDIA CORBI	ETT				02		1991	2:30 A M
	4. SOCIAL SECURITY NUMBER		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day)	Ybar)	C	IRTHPLACE (State or Foreign ountry)
	577 58 6592 9a. FACILITY NAME (If not institution, give str	1 □ M 2 □X 47	YRS.	AL CITY TOWAL	OR LOCATION OF DE	1	•	9 4 3	Wash.,D.C
Œ						-AIH			
6	THE JOHNS HOPK			BALT	MORE			BALTII	MORE CITY
HE	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
BY FUNERAL DIRECTOR	District of Co	olumbia		Washin	gton f, ZIP CODE			40- CITIZEN	1 √ YES 2 □ NO OF WHAT COUNTRY?
HA	5505 13th Stre	oot N W		"	20011			-	ed States
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U		13. WAS DE	ZUULL CENDENT OF HISPAN	NIC ORIGIN? (Sp	ecity Yea o		RACE — American Indien, Black, White, etc.
F	1 Never Married 2 Married 3 Widowed 4 XDivorced	FORCES? 1 TYES IF YES, GIVE WAR OR DATE			ecify Cuban, Mexica 3 2 NO Specifi		, alc.)		Black, White, etc. Specify: Black
	No. of Stellings Section 2.								
1	15. DECEDENT'S EDUC (Specify only highest grade	completed)	Give kind of w Iffe. Do NOT use	JSUAL OCCUPAT ork done during m retired.)	ON ost of working	16b. KINI	O OF BUSII	NESS/INDUSTF	AY .
7	Elementary/Secondary (0-12)	College (1-4 or 5+) Vears	Secre				Pri	vate	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	, Malden S	umame)	
BE C	Frank Barnes	-G	Jun 11		Isabe	lle C	arey	7	
TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural		ity or Town,	State, Zip Code	0)
-	Denise Austin				Street	, N.W.			
	20a. METHOD OF DISPOSITION 1 United 2 Cremation 3 Ramo	went from Chate	ther place)		metery, cremetory or ial Par	k l		ATION — City	or Town, State 7er, Md.
	4 Other (Specify)		armony		ND ADDRESS OF FA		1.	andov	/el/ma.
	HAR. T	Thomas T	11/2	Stew	art Fun	eral	Home	2	
	23, PANT I. Enter the diseases, or c	ouvau	ha doub Do n		Bennin				Approximete
	shock, or heart fallure.	List only one cause on eec		of auter flie in	ode of dying, soc	iii aa ceruiec	/	atory arrest,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	S/n Allea	e. 03 R	ime ha	To	col +	1Gm	Pd 202.	16 26 4
	resulting in death)	DUE TO (OR AS AC	ONSEQUENCE OF):	arrow (in	A	1914	FIS	CITON CX MINUS
Z	Sequentially list conditions,	DUE TO (OR AS A C	Typloge	enous L	enkemia	-Acc	elera	ted Ph	as 2 month
ATIO	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE/OF): /	. 1				2+1
FIC	CAUSE (Disease or Injury that initiated events	Chroniz L DUE TO (OR AS A C	ONSEQUENCE OF	eners L	eu remid				Os year
CERTIFICATION	resulting in death) LAST	d.							
2	PART II. Other algnificant condition	a contributing to death but	not resulting i	n the underlyl	na cause alven la	Part I 24	, WAS AN A	urmesv	24b. WERE AUTOPSY FINDINGS
SAL	TATE II. Ottal agrinous continuo	_ contributing to again but	not resulting i	ii die dilocity	ng cause given in		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI						_ ''	YES 2	NO	OF DEATH?
. N						_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF OEATH (C	heck only one)			
SIC	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpet	lent 3 🗆 DOA	OTHER:	me 5 🗆 Residence	6 Other (Sp	ecify)		
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY	JURY AT ORK?	28d. DEŞCRI	BE HOW IN	JURY OCCUR	ED
À	2 Accident Investigation	ne Di AOS OS MUNICIPA	415		YES 2 NO	*** 1.00****	M1 (On	ad North to as S	hard Charles Manager
9	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY — building, etc. (Specif))	areet, factory, on	3.0		wn, State)	na Humber or F	tural Route Number,
	29a. CERTIFIER	Class. To the best of my brouds	day death saver	ad an observations and		- to the count			
COMPLETED	(Check only	CIAN: To the best of my knowled R: On the basis of examination							suse(s) and manner as stated.
	296. SIGNATURE AND TYPLE OF CERTIFIE	- R	-		29c. LICENSE NU	IMBER ~		29d. DATE SI	GNED (Month, Day, Year)
BE	My 6 4 45		SNT			_	/		
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Print)		/			
Į,	MAN FUNG,	M.D. DEPT.	OF ME	DICING	JOHNS	Hork	220	despita	eb. 11, 1991 L. BALTIMORE
	31. DATE FILED /HOUTED Day Hard 1	32. REGISTRAR'S SIGNAT	n-Randell						



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1, 2, 3		
	rmit. Pages		
-	INTERPRETATION		
SPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attend	Ę)
Page 6 may be retained by th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as measure		er must be notified at o
thin 24 nours after death.	etely filled in by the funeral	emation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
certificate be executed wi	fing physician and compl	lygiene prior to burial, cri	other traumatic ever
w requires that the death	been signed by the atten-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury, or
PHYSICIAN: The la	this certificate has	with the State Del	rked, or item 2;
AL OR ATTENDING	AL DIRECTOR: After	2 hours after death	it item 28 is ma
THE HOSPIT	TO THE FUNERA	be filed within 7.	IMPORTANT: 1

2

31. DATE FILED (Month, Day, Year)

FEB 15 '91

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR February 15. Chaney 1991 6:00A Mary A. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 3/16/1900 5. SEX 6. AGE (In yrs. last hirthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 M 2 X F DAYS HOURS 579-20-0395 90 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Prince George's 3006 Brinkley Rd. Apt. Temple Hills 10a. STATE 10h COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Prince George's 1 X YES 2 NO Maryland Temple Hills FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3006 Brinkley Rd. 20748 USA Apt. 201 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Merried BY 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY 10th ry/Secondary (0-12) College (1-4 or 5+) at home Housewife 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Irving Parker Lillian Garner BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Anthony L. Chaney same as item 10 20a METHOD OF DISPOSITION
1. Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cornetery, crematory or 20c. LOCATION - City or Town, State Resurrection Cemetery Clinton, Md. 4 Donation 8 Dother (Specify) ...
21. SIGNATURE CHERAL SERVICE George P. Kalas Funeral Home INFRAL SERVICE LICENSEE 6160 Oxon Hill Rd. Oxon Hill, Md. alas 23. PART I. Egiff the diseases, or domplications that glued the death. Do not enter the mode of dying, such se cerdisc or reapiratory arrest, shock, or heart feliure. List only one cause on each line. Approximete **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition respirate hour resulting in death) DUE TO (OR AS A CONSEQUENCE OF) ovaria CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 X NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATN (Check only one) EXAMINER? V HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 8 X Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Trum, State) 3 Sulcide ETED. 6 Could not be determined 4 Homicide 29a. CERTIFIER
(Check only one)

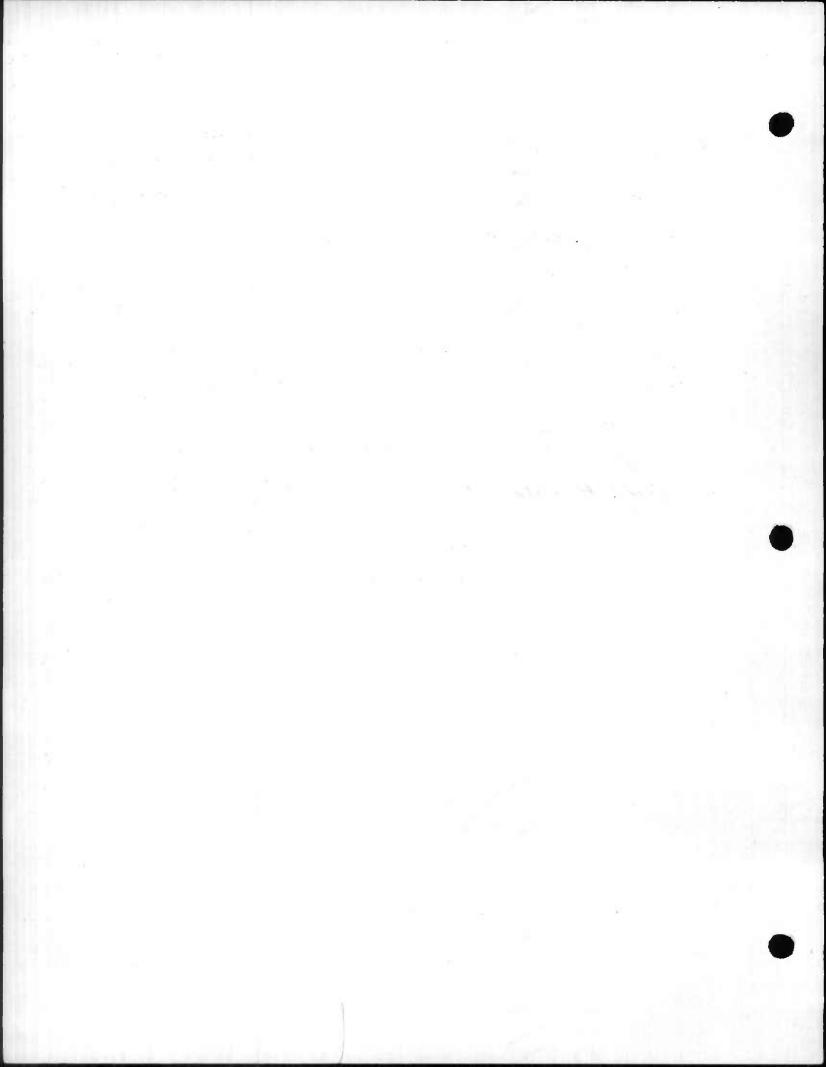
2 | MEDICAL EXAMINED: On the basic of avamination and/or investigation in the property of the large of avamination and/or investigation in the property of the large of avamination and/or investigation in the property of the large of avamination and/or investigation in the property of the large of avamination and/or investigation in the property of the large of avamination and/or investigation in the property of the large of avamination and/or investigation in the property of the large of COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENȘE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D21607 mul 2/15/91

Thomas P. Gage, M.D. 10905 Fort Washington, Md. 20744

Sulia Sairdson-Randall

32. REGISTRAR'S SIGNATURE

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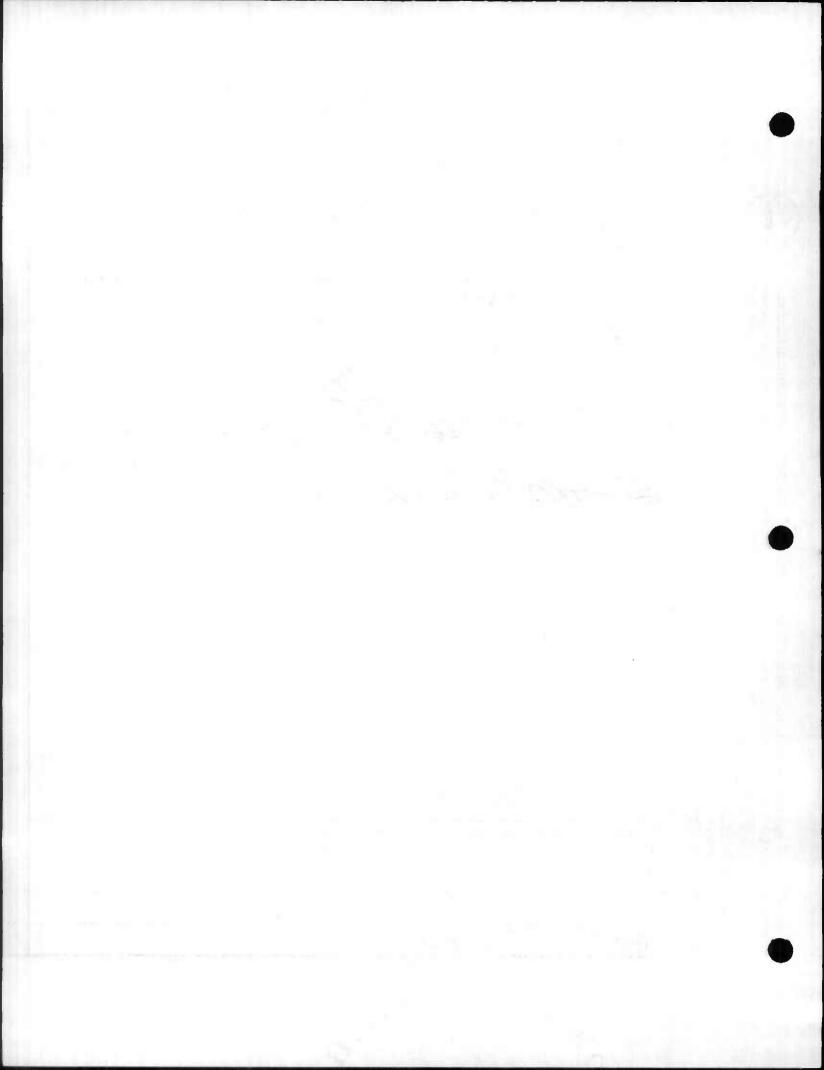
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be
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FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Feb. 991 Stella Irene CARSON 12:05 p.m.M 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN 214-09-4787 1 M 2 X F 74 Sept. Hag. 191 Maryland 9c. COUNTY OF DEATH 9b, CITY, TOWN OR LOCATION OF DEATH Sa. FACILITY NAME (If not institution, give street and number) DIRECTOR Washington Washington County Hospital Hagerstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 X NO Maryland Washington Hagerstown 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 5 Clinton Avenue the funeral director, page 5 should be detached for use as the burial-transit 21740 IL.S 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE — American Indian, Black, White, atc. 11, MARITAL STATUS FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: В 3) Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade compl Elementery/Secondary (0-12) College (1-4 or 5+) 6 Drill Press Operator Aircraft Industry once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Roy 듉 Hurd Ada Gorman BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Anna Young 301-B. N. Colonial Dr. Hagerstown, Md. 9 20e_METHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Removal from Stale
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or 20c. LOCATION - City or Town, State must Rose Hill Cemetery Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner Minnich Funeral Home 0 415 E. Wilson Blvd. Hagerstown, Md. 21740 removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, DRECTOR: After this certificate has been signed by the attending physician and completely filled in by I hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remotiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medica Approximate shock, or heart failure. List only one cause on each line. interval Betwe **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) phelim DUE TO (OR AS A CONSEQUENCE OF): restue Mari CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): accident with if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury rebero verscu DUE TO (OR AS A CONSEQUENCE OF): that initiated events naell MUCINOW resulting in death) LAST 24s. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE Ilviels indreme 1 TES 2 140 OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 Ne 1 Inpatient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT 284 DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
DE filed within 72 ho
IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 296. SIGNATIVE AND TITLE OF CERTIFIER 29d. DATE SIONED (Month, Day, Year) BE 896 3 9 A KO 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 324 E. Anhetam 'g 32. REGISTRAR'S SIGNATURE FEB14 whia Davidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-18 Rev 1/89

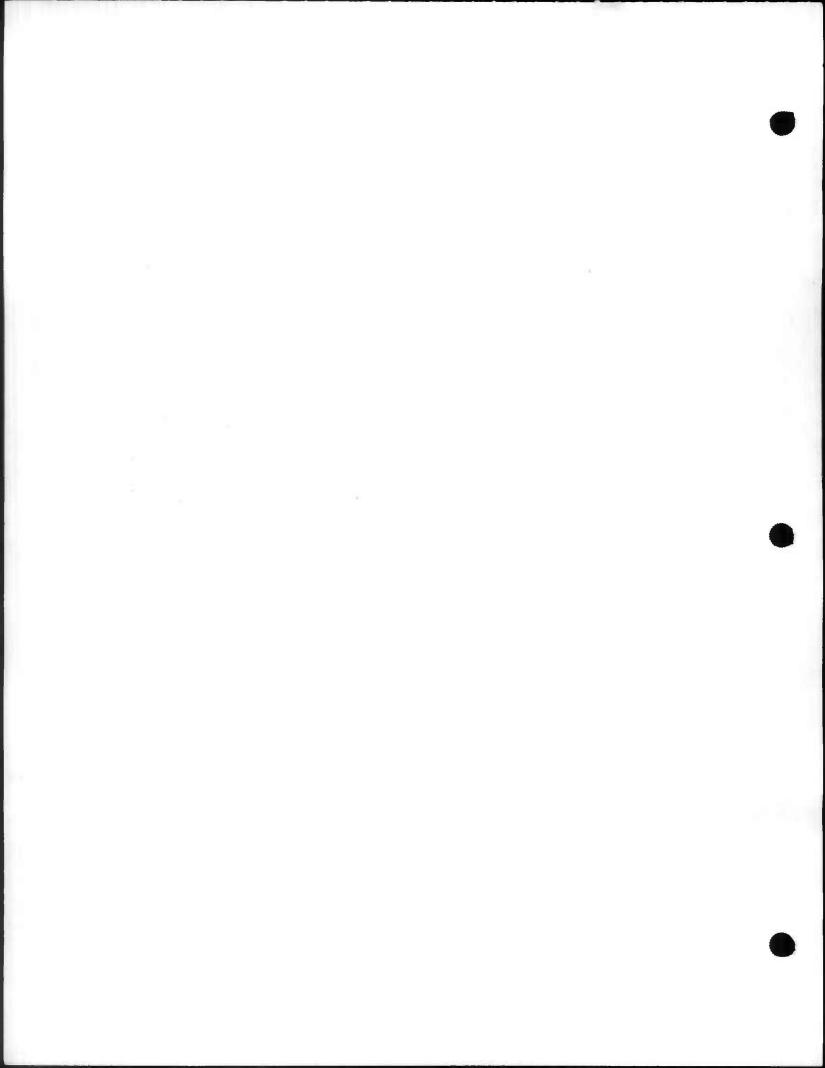


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

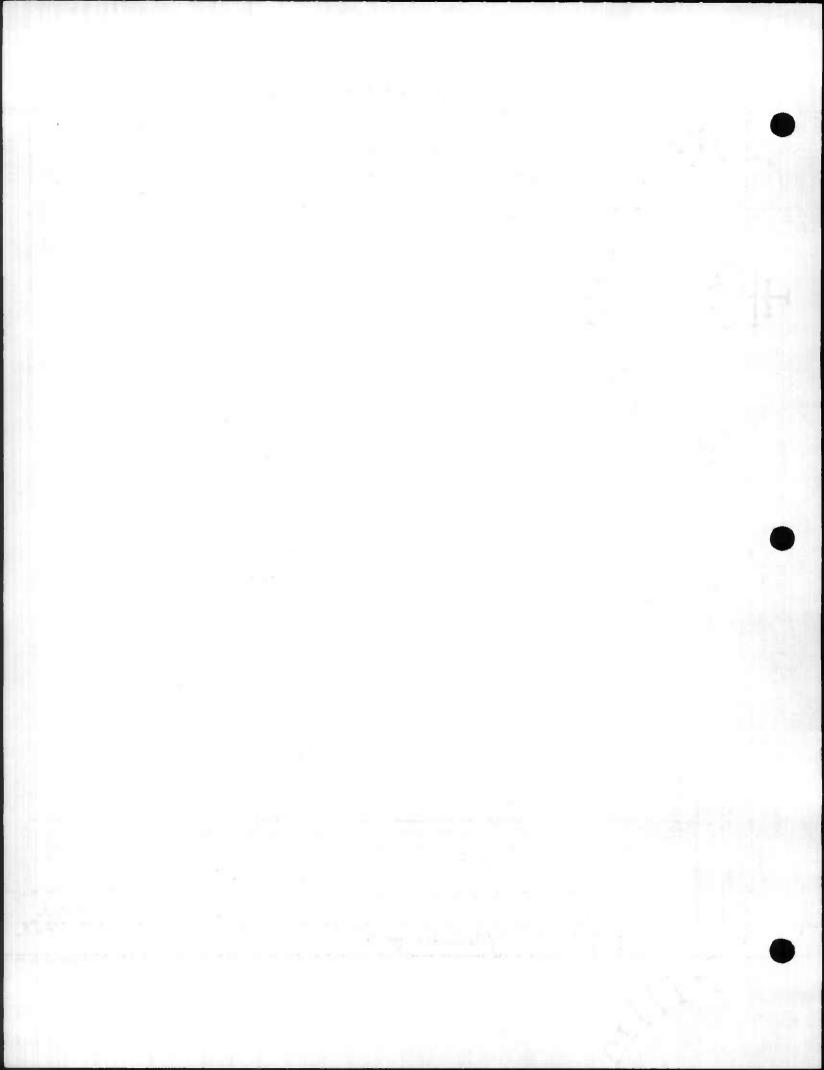
BALTIMORE, MARYLAND 21203-3146

	1 - STATE REGISTRAR		MANTLANI	CERTIF		E OF		H		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						•		2. DATE C	OF DEATH			3. TIME OF DEATH
	William Paul	Conely							MONTH Feb.	8.	1991	EAR	5:50 a M
	4. SOCIAL SECURITY NUMBER	5. 0EX	6. AGE (In yrs	s. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH		BIRTHP	LACE (State or Foreign
	187~24~6521	1 Q M 2 [] F	57	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Wear) 1 23, 19	333	Peni	nsylvania
	9a. FACILITY NAME (If not institution, give i	atreet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF OEA		1 20, 1.	9c. COUNT		
Œ.	Western Maryland Cen	ter-1500 Pa	meulua	nia Atro	H	agers	hown				Washi	natar	2
DIRECTOR	RESIDENCE OF DECEDENT	1300 10	IIISYIVA	and Ave	111	agui s	COWII				Wasili	ngua	1
RE	10a. STATE 10b. COUNT				Y, TOWN		ION						10d. INGIDE CITY
	MD Washi	ngton		Hag	erst	own							LIMITS?
AL	10e. STREET AND NUMBER					101	ZIP CODE						HAT COUNTRY?
FUNERAL	1500 PA Ave.						21	740			U	.S.	A.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.6	ARMED VINO				F HISPANI n, Maxican		(Specify Yea	or No- 14	6. RACE Black.	- American Indian, White, atc.
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES			1 TYES		Specify:		ioani, oto.)		Specify	
		1							Local		1		
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade	completed)	164	(Give kind of life, Do NOT u	work done			g	16b.	KINO OF BUS	INESS/INDUS	STRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	+)		cher	•			1 5	School			
MP													
8	17. FATHER'S NAME (First, Middle, Last)	_								liddle, Maiden	Sumame)		1
BE	Theodore Conely			1				us Co					
2	Ted Conely									er, City or Town e, CA		ode)	
									JOSE				
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ran	noval from Stata	20b, PL	ace of dispo or place) ithsbu	SITION (N	ame of cer	netery, cren	natory or			CATION — CE		
3	4 Donation 5 Other (Specify)	rewere /	- I SIII	TUISDU				SS OF FAC	H ITV	Sml	thsbu	rg,	ענ
	21. SIGNATURE OF PURENAL SERVICE D	Censes C) .		Ď	avis	Fun	eral	Home	Э			
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	23. PART I. Enter the diseases, or				_	_							Approximete
	ahock, or heart fallure.				_	_							
	ahock, or heart fallure. iMMEDIATE CAUSE (Final disease or condition	List only one ca	use on eech		_	_							Approximete interval Between Onset and Death
	ahock, or heart fallure. IMMEDIATE CAUSE (Final	a. Pne		line.	not ente	_							Approximete interval Between
Z	ahock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pne	eumonia O (OR AS A CO	line.	not ente	_							Approximete interval Between Onset and Death
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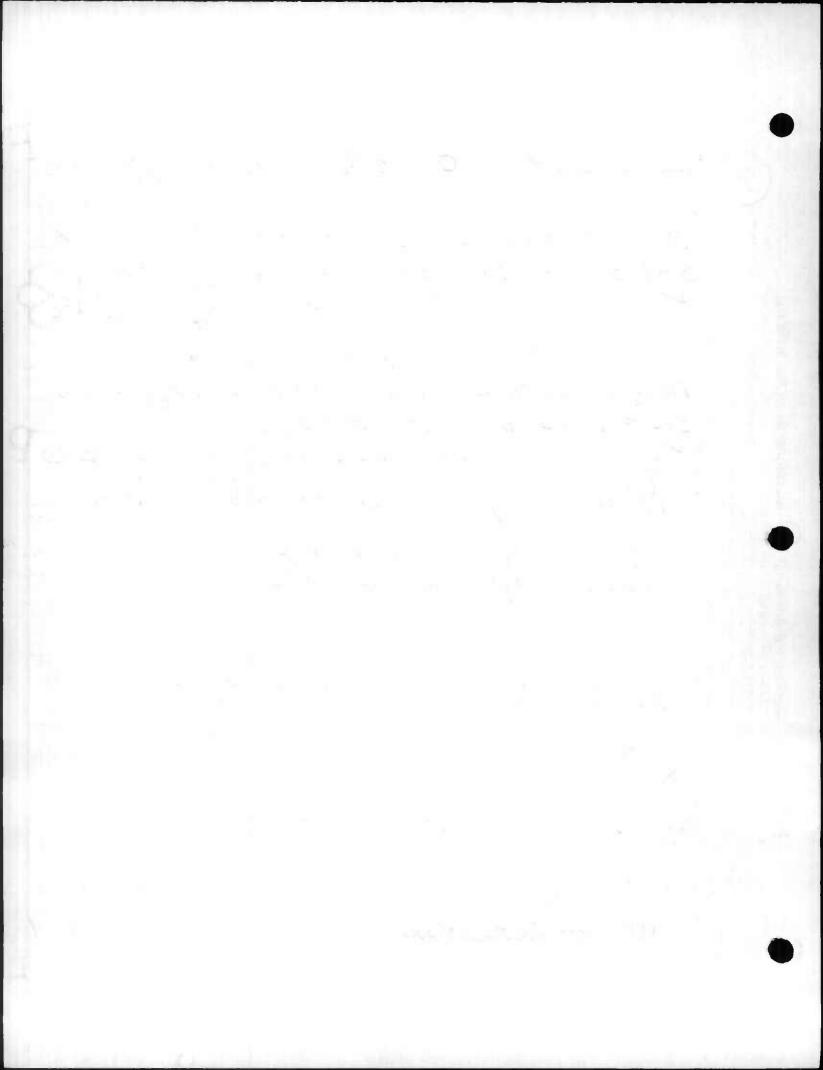


'91

1	STATE REGISTRAR	STATE OF M	IARYLAND / CE		ICATE				IENIAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) CLARK	R.	e	OR	DE	R				FTS. 7	0.	1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.		Day, Year)		Countr	"
į	217-28-5213 9a, FACILITY NAME (If not institution, give at	1 M 2 F	61	YRS.	9h CITY	TOWN	B LOCATIO	ON OF DEA		-19-19		Ma.	ryland
5	7922 Sharpsburg P					onsbo					WF	1341	NGTON
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Inc CIT	y, TOWN					-			10d. INSIDE CITY
DIRECTOR		ington			oonsk								LIMITS?
	10e. STREET AND NUMBER	ingcon			JOI 13x	_	ZIP CODI	E			10g. Cl	TIZEN OF Y	WHAT COUNTRY?
FUNERAL	7922 Sharpsburg						217					S.A.	
BY FUI	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	X YES 2 N	10	100		city Cube	ın, Mexicar	, Puerto R	? (Specify Yes licen, etc.)	or No-	14. RACI Blac Spec	E American Indian, k, Whita, etc. <i>White</i>
윤	15. OECEDENT'S EDUC (Specify only highest grade		(G/	ive kind of	USUAL O	during mo		ng	16b.	KIND OF BUS	SINESS/IN	OUSTRY	
딜	Elamentary/Secondary (0-12)	College (1-4 or 5 +	·) Illa.		se retired.)					Hosp	i+al		
COMPLETED	12 yrs.			Orc	derle	<u> </u>	18. MOT	HER'S NAI	ME (First, A	Alddle, Malden			
BE C	Russell Jack	son C	order					Mae	F	Clizabe	eth	1	Moss
TO B	19a, INFORMANT'S NAME (Type/Print)									ber, City or Tow		Zip Code)	
-	Lou Ann Itnyre		20b. PLACE						oro,	Maryla		217.1 - City or To	
	20a, METHOD OF DISPOSITION 1 💢 Burlal 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗆 Other (Specify)	oval from Stata	Locus	ace)									e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	120000	01				SS OF FA	CILITY				co Pike
_	Douglas A. Fi	ery //w	word.	Tim	Ba	ast I	une	ral H	Iome				aryland
	23. PART I. Enter the diseases, or canock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ced		1.									Approximate Interval Batween Onset and Death
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		(OR AS A CONSEC						-				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE (OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	e contributing to	death but not a	resulting	In the u	ınderiyin	g cause	given in	Part I.	24s. WAS AMPERFO	RMED?	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (Ch	eck only o	ne)			
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHE		no 5×5	Residence	6 🗆 Othe	er (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, L		26b. TI	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DE	SCRIBE HOW	INJURY C	CCURED	
ED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE (building	OF INJURY — At he, etc. (Specify)	ome, farm	, street, fe	ctory, offi	00			CATION (Street or Town, State		ber or Rural	Route Number,
COMPLET	(Check only	CIAN: To the best of											o(a) and manner as stated.
TO BE C	296. SIGNATURE AND TO CONTINUE	e mu	m.	M.	Di		20	27	00	5	•	2/	10/91
ř	30. NAME AND ADDRESS OF PERSONAL	NILIC	SE OF DEATH (ITE	EM 27) (7/1	Se, Print	0	Dov	ER	D	R	44	SET	ESTOWN-



		FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1	1. OECEDENT'S NAME (First, Middle, Lest) COREY CLIFFORD 2. OATE OF OEATH MONTH DAY FEBRUARY 4, 1991 10:37 a.m.*
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month. Day, Year) (Country)
(P		9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
288	CTOR	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY
Pages 1	DIREC	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? ANNE ARUNDEL SEVERNA PARK 1 VES 2 NO
permit.		10e, STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY?
155	FUNERAL	549 Ben Forest Drive East 21/46 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RACE — American Indian,
	BY FI	1 Nover Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben Méxican, Puerto Rican, etc.) Black, White, etc. Specify:
Se a	ETED	1s. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KINO OF BUSINESS/INDUSTRY
hospital or ached for u	APLE	Elementary/Secondary (8-12) College (1-4 or 5+) College (1-4 or 5+)
the hospil be detached at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Ouglas Keith Clifford KATHY LYNN OSBURN
should should		19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
ay be	1 1	20e. MEMOD OF DISPOSITION 1 (Deurie) 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or complete) 20c. LOCATION — City or Town, State
5 % E		1 (Deurle) 2 Cremation 3 Removal from State ROSELAWN CEM Terre Haute IND 1. Bignapolite of Funeral Service Licensee 22. Name and address of Facility:
A de Z		PARRANCO AND SONS F. H
ours after of in by the or removal.	П	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
1 = S 2		immediate cause (Final disease or condition resulting in death) a. Hupaxiz eucefhalogathy a. Hupaxiz eucefhalogathy clust to (or as a consequence br):
3146, scuted within nd completely bunal, cremati		11 11 11 11 11 11 11 11 11 11 11 11 11
be executive to bun to bun traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING
rtificati ng phys piene p	IFIC	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):
	CERI	resulting in death) LAST
DS at the nod the Man Man Man Man Man Man Man Man Man Man	· O	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? PERFORMEO? 24b. WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF PARTY?
ECC aquires or Heal	ME	RSV marchiolitis, otitic medoù possible parents 10 YES 20 NO
has has	IAN:	25. WAS CASE REFERENCE TO MEDICAL 26. PLACE OF DEATH (Check only one) (/
CIAN: CIAN: ertifica the St	≥	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 286. DATE OF INJURY 286. DATE OF I
PHY this this think the th	ВУ Р	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation
SIO TENDI TOR: A		3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
L OR L DIRE	PLE	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(e) end manner as stated.
HOSPITAL FUNERAL within 72 h	CON	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Osy, Year)
TO THE HOSPITA TO THE FUNERA De filed within 72	TO BE	W N Shellon ND > 2/4/91
	-	THE JOHNS HOPKINS HOSPITAL 600 N. WOLFE ST. BALTIMORE, MD. 21205
		31. DATE FLEE (MATTING DONG) SON OF SURE LAND CONTROL OF SURE LAND CONTR



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s frouts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 signed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

R ATE GISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DENT'S NAME (First, Middle, Last)		2. DATE OF OEATH MONTH DAY

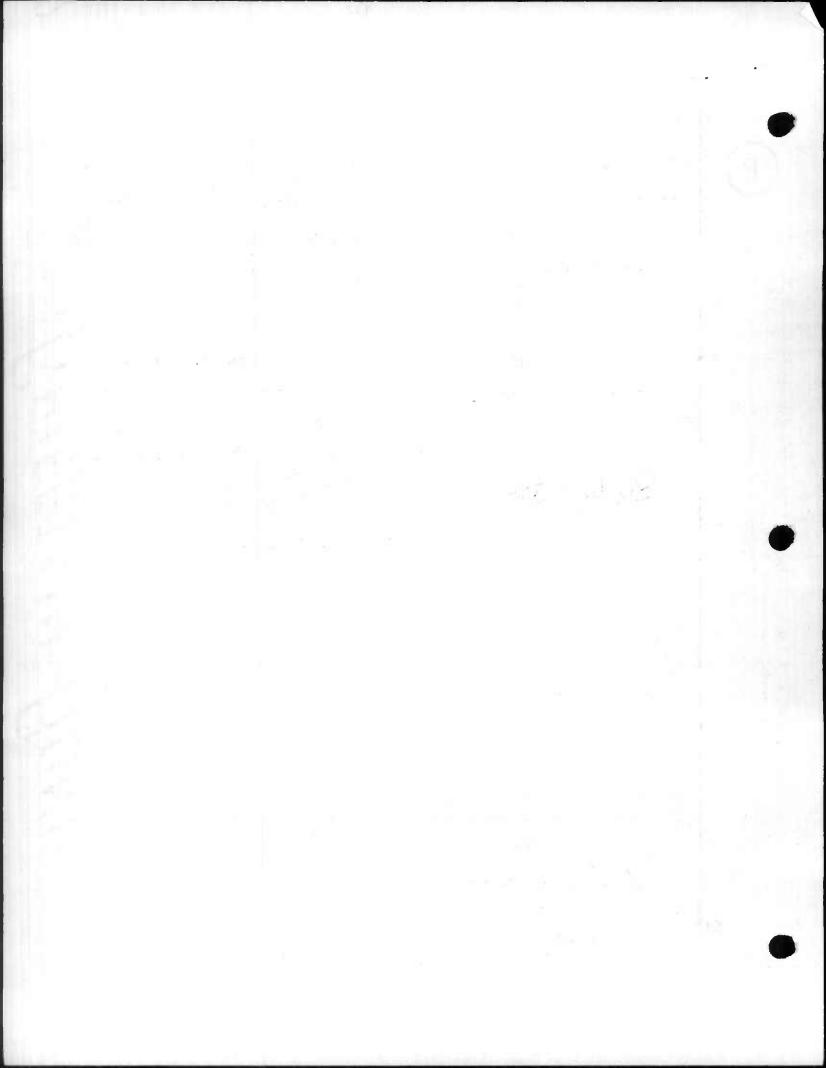
17 (Specify Yes or Rican, etc.) KIND OF BUSIN Own House Middle, Maiden Sur Liams ber, City or Town, S	30 Sec. COUNTY OF GARY 10g. CITIZEN OF IA. RA Bli Sp IESS/INOUSTRY OME Imame) State, Zip Code) Land	TINPLACE (State or Foreign intry) Md F OEATN 10d. INSIDE CITY LIMITS? TY YES 2 NO F WHAT COUNTRY? A ACE — American Indian, sechy: White
OF BIRTN , Dey, Vear) 25 = 19 9 17 (Specify Yea or Rican, etc.) KIND OF BUSIN OWN H Widdle, Maiden Su Liams ber, City or Town, S	8. BIR COUNTY OF Gary 10g. CITIZEN OF U.S., rNo.— 14. RABBIR Sp. (ESS/INOUSTRY OME When Sign Code) State, Zip Code)	TINPLACE (State or Foreign intry) Md
17 (Specify Yes or Rican, etc.) KIND OF BUSIN Own House Middle, Maiden Sur Liams ber, City or Town, S	Gary 10g. CITIZEN OF U.S. r No.— 14. RAB Blo Sp MESS/INOUSTRY OME whene) State, Zip Code) Land.	10d. INSIDE CITY LIMITS? 11 YES 2 NO F WHAT COUNTRY? ACE — American Indian, ack, White, etc. White
17 (Specify Yee or Rican, etc.) KIND OF BUSINI OWN Ho Widdle, Meiden Su 11ams ber, City or Town, S	TNO— 14. RA Bill Sp MESS/INOUSTRY OME Imame) State, Zip Code)	LIMITS? TY YES 2 NO F WHAT COUNTRY? ACE - American Indian, ack, White, etc. White
17 (Specify Yee or Rican, etc.) KIND OF BUSINI OWN Ho Widdle, Meiden Su 11ams ber, City or Town, S	TNO— 14. RA Bill Sp MESS/INOUSTRY OME Imame) State, Zip Code)	ACE — American Indian, ack, White, etc. White
Own Ho Middle, Melden Sul liams ber, City or Town, S	Ome mame) State, Zip Code)	Md. 2150
lians ber, City or Town, S	stete, Zip Code)	Md. 2150
lians ber, City or Town, S	stete, Zip Code)	Md. 2150
ber, City or Town, S	land.	Md. 2150
	land.	Md. 2150
RE FARCI		Approximats Interval Betw Onset and De
FARCT	TION	
24s. WAS AN AL PERFORMI 1 YES 2	ED2	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
10)	JURY OCCURED)
ne) or (Specify) SCRIBE NOW INJ		
or (Specify) SCRIBE NOW INJ		rai Route Number,
or (Specify) SCRIBE NOW INJ	d Number of Hun	
or (Specify) SCRIBE NOW INJ CATION (Street and or Town, State)	er ee stated.	se(e) and manner ee state
or (Specify) SCRIBE NOW INJ ATION (Street and or Town, State) use(e) end menne	or ee stated. due to the caus	NED (Month, Day, Year)
и		CATION (Street and Number or Rul y or Town, State)

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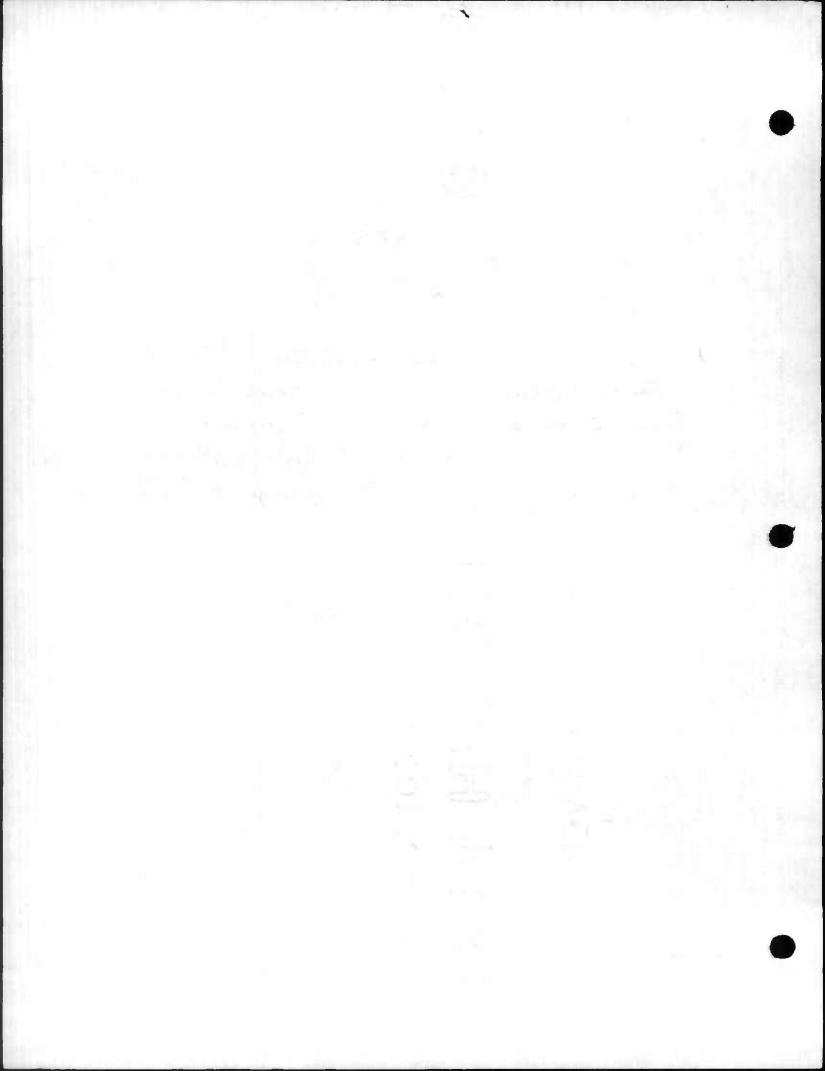
FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	i. NO.	
1. DECEDENT'S NAME (First, Middle, Les		Coleman	CROSE	SY	2. DATE OF DEA	DAY	3. TIME OF DEAT
4. SOCIAL SECURITY NUMBER 263-36-7680	5. SEX 6. AG		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRT (Month, Day,) Dec. 8	bar)	a. BIRTHPLACE (State or Fo Country) Florida
98. FACILITY NAME (If not institution, given Rt. 4, Box 326-		1		eer Park	EATH	9c. COUNT	TY OF DEATH Garrett
RESIDENCE OF DECEDENT 100. STATE 10b. COU		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Garrett			Park . ZIP CODE		10g. CITIZ	1 TYES 2 TO EN OF WHAT COUNTRY?
Rt. 4, Box 3				215			USA
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 A YE IF YES, GIVE WAR OF Korean	DATES	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 X NO Specif	n, Puerto Ricen, e	Ity Yas or No—	14. RACE — American India Black, White, atc. Specify: White
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16e. DECEDENT'S U: (Give kind of wo life. Do NOT use	rk done during mo retired.)	ON st of working		OF BUSINESS/INDU	
17. FATHER'S NAME (First, Middle, Last)	21	Owner		18. MOTHER'S NA	ME (First, Middle, I	ding Sup	pines
Gilman	G.	Cros	by	Joa	ın –		Coleman
19a. INFORMANT'S NAME (Type/Print)		- 1		nd Number or Rural			
Thomas G. Crsoby		East L		Tuscon,	Y	a 85712	
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	other place)	ega Cre				own, West VA
21. SIGNATURE OF FUNERAL SERVICE	HOENDER D		Ste	wart Fun S. Secon	ciuny ieral Ho	me	38 8
disease pr condition resulting in death) Sequentially list conditions,	DUE TO (OR A	S A CONSEQUENCE OF):		na of hea	id/neck		1 ye
If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR A	S A CONSEQUENCE OF):					
PART II. Other algoriticant condition cigarette smc chronic obstr	king			g cause given in	P	MAS AN AUTOPSY ERFORMED? YES 2{XNO	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2
25. WAS CASE REFERRED TO MEDICAL							1919
EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Cr		What	
27. MANNER OF DEATH 1 X Natural 5 Pending	26s. DATE OF INJUF (Month, Day, Yes	Y 26b, TIME	OF 28c. IN.	URY AT ORK?		HOW INJURY OCC	URED
2 Accident Investigation 3 Suicide 6 Could not datarmined	26s. PLACE OF INJU-	JRY At home, farm, str (pecify)			261, LOCATION City or Town		or Rural Route Number,
10110011 01117	YSICIAN: To the best of my kr						
29b. SIGNATURE AND TITLE OF CERTI	FIER / /			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	Show	DEATH ATEM 27 (Tops /	Select.	D2720	5	2/	19/91
Dr. Karl Schwalm	, 311 North	Fourth St.		nd, MD	21550		
Dr. Karl Schwalm 31. DATE FILED (Month, Day, Year) FFR 1 9 19	32. REGISTRAR'S S		, Oakla	nd, MD	21550		



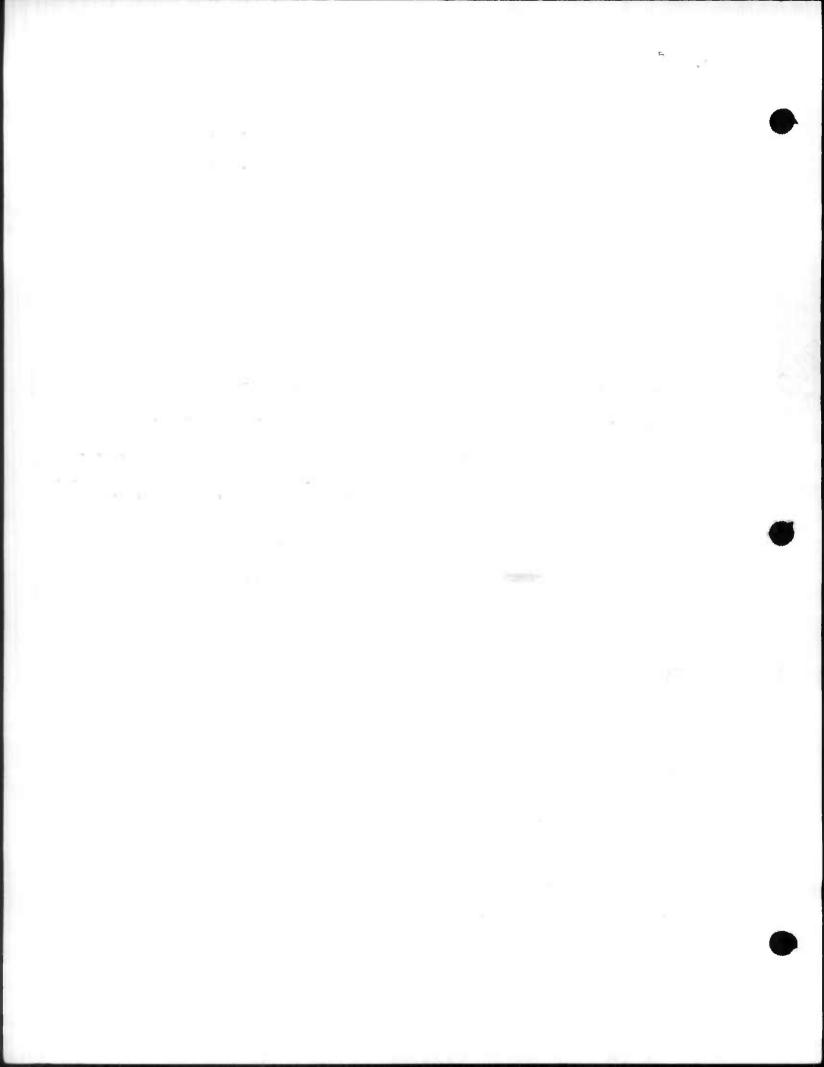
	REGISTRAR		CERTIF				REG. NO.		
i	1. DECEDENT'S HAME (First, Middle, La		wden			2. DATE	OF OEATH	YEAR 3.	TIME OF OEATH
	4. SOCIAL SECURITY HUMBER	5. SEX 8. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH h, Qpy, Ybar)	8. BIRTHPL Country)	ACE (State or Foreig
	99. FACILITY HAME (If not institution, gi	1 M 2 F	38 YAS.		OR LOCATION OF E	01	20 93	MAN	yland.
CTOR	Fallston GE	eneval Hos	pital	Falls	ton, h	10	-	FAR	FORD
DIREC	100. STATE 10b. COU		10c. CIT	Y, TOWN OR LOCA				- 1	Od. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND HUMBER	iter st	•	10	of ZIP CODE	/	10g. CITIZ	S.A	AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 HO	If yes, s	CEHDENT OF HISP/ pecify Cuben, Mexic S 2 NO Spec	en, Puerto	N? (Specify Yea or Ho— Ricen, etc.)	14. RACE — Black, V Specify:	American Indian, White, etc.
ETED	15. DECEDENT'S (Specify only highest g	rade completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during m	IOH lost of working	168	. KIND OF BUSINESS/IND	JSTRY	,
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	MAHAGO	R - Doj	it store		Rotail 4	ANAG	ement
E CO	17. FATHER'S HAME (First, Middle, Leat)	BARKER	,		18. MOTHER'S N	AME (First.	Middle, Melden Surname) FARMOR		
TO B	196. INFORMANT'S NAME (Type/Print)	Dowden	19b. MAILIHO	ADORESS (Speed	and Number or Rura	A Ro	iber, City or Town, State, Zip	Code)	4/210
	20e METHOD OF DISPOSITION 1 Aburlet 2 Cremation 3 1		20b. PLACE ANO OAT of cemetary, cremator		N (Name	DA1	E 20c. LOCATION —	City or Town	70
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	E LICEHSEE	ANGEL	22. HAME A	AHD ADDRESS OF F	ACILITY	agiltaure ABer	doen	exe 14
	1 2	4 1/2 //							
	23. PART I. Enter the diseeses, shock, or heart feliu	or complications that our ire. List only one cause o	used the deeth, Do on each line.	TA-RA	UNG-CA	RGO /	E. H. MARI	Long	Approxima
NOI	shock, or heart felix IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions,	a. META OUE TO (OR A	Jeed the deeth, Do on each line. THE C AS A CONSEQUENCE CO	Co,	ING-CA ode of dying, au LON		diac or reepiratory and	Long	Approxima interval Be Onset and
-ICATION	shock, or heart felix immediate cause prondition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	a. OUE TO (OR A	AS A CONSEQUENCE C	CO ,			diac or reepiratory and	Long	Approxima interval Be Onset and
ERTIFICATION	shock, or heart felix iMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	a. OUE TO (OR A	on eech line. THE C AS A CONSEQUENCE C	CO ,			diac or reepiratory and	Long	Approxima interval Be Onset and
핑	shock, or heart felit IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO (OR /	AS A CONSEQUENCE C	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	LON	C4	diac or reepiratory and	24b. W. A	Approximatinterval Be Onset and DV Y
MEDICAL CERTIFICATION	shock, or heart felit immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO (OR /	AS A CONSEQUENCE C	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	LON	C4	diac or reepiratory and	24b. W	Approximatinterval Be Onset and Jv / V
MEDICAL CE	shock, or heart felit immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR /	AS A CONSEQUENCE C	OF): In the underlying	LO N	CA	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 HO	24b. W	Approximatinterval Be Onset and Jv / V
SICIAN: MEDICAL CE	shock, or heart felit immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent conditions.	DUE TO (OR A DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. Itlona contributing to deel	AS A CONSEQUENCE C	In the underlying 28. I	LON	n Part I.	diac or reepiratory and selection of the	24b. W	Approximatinterval Bei Onset and DV Y
PHYSICIAN: MEDICAL CE	shock, or heart felit immediate cause pr condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death and in the cause of the cause	DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / A. DUE TO (OR / DUE	AS A CONSEQUENCE CO	OTHER: 4 Hursing Ho AE OF 28c. II	ng cause given i	n Part I.	diac or reepiratory and selection of the	24b. W A A C C O O 1	Approximatinterval Be Onset and Jv / V
ED BY PHYSICIAN: MEDICAL CE	shock, or heart felic IMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH	DUE TO (OR / DU	AS A CONSEQUENCE CO AS A C	OTHER: 4 Hursing Ho JURY M 1	PLACE OF OEATH (I	n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 HO	24b. W. A. C. C. C. C. C. C. C. C. C. C. C. C. C.	Approxima interval Be Onaet and JV //
ED BY PHYSICIAN: MEDICAL CE	shock, or heart felit immediate cause pr condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (blassase or injury that initiated eventa resulting in death) LAST PART II. Other significent conditions in death and investigated investigated and in	DUE TO (OR / DU	AS A CONSEQUENCE COAS A CONSEQUENCE COAS A CONSEQUENCE COAS A CONSEQUENCE COAS A CONSEQUENCE COAS A CONSEQUENCE COAS A CONSEQUENCE COAS A CONSEQUENCE COAS A CONSEQUENCE COAS A CONSEQUENCE COAS AS A COAS AS	OTHER: 4 Hursing Ho ME OF 28c. In Street, fectory, off	PLACE OF OEATH (Common of the common of the	CA	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 HO CATION (Street and Number or Town, State)	24b. WARED	Approximatinterval Be Onaet and DV //
MPLETED BY PHYSICIAN: MEDICAL CE	shock, or heart felit immediate cause pr condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 2 Accident 3 Suicide 8 Could not determine 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINERY	DUE TO (OR A DUE TO (OR A C. DUE TO (OR A DUE TO (OR A DUE TO (OR A A A RIONE TO (OR A DUE TO (OR A A BILINE TO (OR A A BILINE TO (OR A A BILINE TO (OR A A BILINE TO (OR A A BILINE TO (OR A BILINE TO (OR A A BILINE TO (OR A BILINE BILINE TO (OR A BILINE	AS A CONSEQUENCE CO AS A C	OTHER: 4 Hursing Ho ME OF 28c. In Street, fectory, off	PLACE OF OEATH (Come 5 Residence JURY AT ORK? YES 2 NO lice	n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 HO CATION (Street and Number or Rown, State) Buse(e) and manner as state and place, and due to the	24b. W AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximatinterval Bei Onset and DV Y FERE AUTOPSY FIN MAILABLE PRIOR TOMPLETION OF CUSTO DEATH? YES 2 He oute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	shock, or heart felit immediate cause pr condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significent conditions in death and investigated the property of the conditions in death and investigated a suited and investigated a suited attermine condition of the con	DUE TO (OR A DUE TO (OR A C. DUE TO (OR A DUE TO (OR A DUE TO (OR A A A RIONE TO (OR A DUE TO (OR A A BILINE TO (OR A A BILINE TO (OR A A BILINE TO (OR A A BILINE TO (OR A A BILINE TO (OR A BILINE TO (OR A A BILINE TO (OR A BILINE BILINE TO (OR A BILINE	AS A CONSEQUENCE CO AS A C	OTHER: 4 Hursing Ho ME OF 28c. In Street, fectory, off	PLACE OF OEATH (Commo 5 - Residence AJURY AT NORK? YES 2 NO No Note to and place, and determined to the send place, and determined to the send place, and determined to the send place, and determined to the send place, and determined to the send place, and determined to the send place, and determined to the send place, and determined to the send place, and determined to the send place, and determined to the send place, and determined to the send place, and determined to the send place.	n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 HO CATION (Street and Number or Rown, State) Buse(e) and manner as state and place, and due to the	24b. W AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approxima interval Be Onset and JV // Approxima interval Be Onset and JV // Approximation of the Authors of the
E COMPLETED BY PHYSICIAN: MEDICAL CE	shock, or heart felit immediate cause pr condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 2 Accident 3 Suicide 8 Could not determine 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINERY	DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / d. DUE TO (OR / DUE TO (OR / d. DUE TO (OR / DUE TO (OR / d. DUE TO (OR / D. DUE TO (OR / D. DUE TO (OR / D. DUE TO (OR / D. DUE TO (AS A CONSEQUENCE CO AS A CONS	OTHER: OTHER: OTHER: United the underlying house of the street, fectory, off the street, fect	PLACE OF OEATH (Come 5 Residence JURY AT ORK? YES 2 NO lice	n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 HO CATION (Street and Number or Rown, State) Buse(e) and manner as state and place, and due to the	24b. W AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approxima interval Be Onset and Jv / / / / / / / / / / / / / / / / / /
BE COMPLETED BY PHYSICIAN: MEDICAL CE	shock, or heart felit immediate cause or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificent conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 3 Suicide 8 Could not determine (Check only one) 2 MEDICAL EXAMINER (Check only one) 1 CERTIFFIER (Check only one) 1 CERTIFFIER (Check only one) 1 CERTIFFIER EXAMINER OF CERTIFFIER (Check only one) 1 CERTIFFIER (Chec	DUE TO (OR A DU	AS A CONSEQUENCE CO AS A CONS	OTHER: 4 Hursing Ho AE OF 28c. In JURY M 1 street, fectory, off	PLACE OF OEATH (Come 5 Residence JURY AT ORK? YES 2 NO lice	n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 HO CATION (Street and Number or Rown, State) Buse(e) and manner as state and place, and due to the	24b. W AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximation of the control of the



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Inding phychean. as the burial-ransil permit. Pages 1, 2, 3 should

1	FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH		MENTAL HYGIENE REG. NO.				
ļ	1. DECEDENT'S NAME (First, Middle, Last) ALBERT (r	mn) DORSEY					2. DATE OF DEATH DAY FED. 17, 1	991	VEAD	IME OF DEATH 10 AM M	
	4. SOCIAL SECURITY NUMBER 056-03-2331 9e. FACILITY NAME (If not institution, give	1 x M 2 □ F 8	in yrs. lest birthdey) YRS.		YEAR IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 31,19	06	e. BIRTHPLACE (State or Foreign Country) Czechoslovakia c. COUNTY OF DEATH		
DIRECTOR	Bel Air Convales	cent Center		Be.	l Air				arfor		
	Maryland Ha		Air					13€	INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	1506 Westminste			101. ZIP CODI 2101	4		US				
B≼	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	lf y		n, Mexicar	IC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	or No—	14. RACE — A Black, Wh Specify: White	imericen Indien, ite, atc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12		16e. DECEDENT'S (Give kind of wife. Do NOT us ACCOUN	vork done dur e retired.)	UPATION ing most of working	9	Public				
BE CON		vorsky			Ma	ria		zelic			
2	Barbara J. Antos	shak					t, Bel Air			4	
	20a. METHOD OF DISPOSITION 1 ↑ Burial 2 □ Cremation 3 ↑ Rer 4 □ Donation 5 □ Other (Specify)	nound from State	other place)	E OF DISPOSITION (Name of cometer); cremetery or 20c. LOCATION — City or Town, State place) Lawn Memorial Park Cemetery Farmingdale, N.Y.							
	21. SIGNATURE OF FUNERAL SERVICE L	le Coma	2 127	Ho	ward K. 17 Coke	McC	omas III F y Road, Ab	unera ingdo	al Homon, Md.	e, P.A. 21009	
	23. PART I. Enter the diseases, or ahook, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARA		le	ne mode of dy	ing, auci	n ea cerdlec or respi	ratory arre	et,	Approximate Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
MEDICAL	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24e. WAS AN AUTOPSY PREFORMED? PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	netleat 3 🗆 DOA	OTHER!	26. PLACE OF D		eck only one) 6 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		8c. INJURY AT WORK?		28d. DESCRIBE HOW II	VJURY OCC	URED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe		street, factor	y, office		26f. LOCATION (Street e City or Town, State)	nd Number	or Rurel Route	Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.										
TO BE	30 NAME AND ADDRESS OF PERSON W	EATH (ITEM 27) (Type	29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 29d. DATE SIONED (Month, Day, Year) 29d. DATE SIONED (Month, Day, Year)					onth, Day, Year)			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	- 69	2	Rel	Aci	R MC) 2	210	14	
	FEB 19'91	Seli Kaidse	- pandore							DHMH-18 Rev 1/89	



sir permit. Pages 1, 2, 3 should

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9.	death
S	9
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ECC	Pequires
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A	The
5	ICIAN:
9	PHYS
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-17
2	8
	7

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF I		MENTAL	HYGIENI REG. NO.	E .	00.36		
	1. DECEDENT'S NAME (First, Middle, Lest)	KENNETH MA	4ver	DEAVE	RS	2. DATE	OF DEATH	- 9	SAR 2/8 M		
	4. SOCIAL SECURITY NUMBER 216-50-6364	6. 9EX 8. AGE (In yrs.		F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	De BIRTH Day, Year)	S W	BIRTHPLACE (State or Foreign Country) ashington DC		
TOR	9a. FACILITY NAME (If not institution, give a Suburban Hospit. RESIDENCE OF DECEDENT	and the second		Bethes	or Location of Di	EATH	9c. COUNTY OF DEATH Montgomery				
DIRECTOR		ce George's		eltsvill					10d. INSIDE CITY LIMITS? 1 XYES 2 ND		
FUNERAL	4907 Brandon La				20705			USA			
B⊀	1 MARITAL STATUS 1 Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYSES 2 IF YES, GIVE WAR OR DATES	ARMED NO	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexics 3 2 NO Specif	n, Puerto F			RACE — American Indian, Black, White, etc. Specify: hite		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2th	College (1-4 or 5+)	Give kind of we life. Do NOT use		ON ost of working		J.S. C	INESS/INDUST	TRY		
ве сом	17. FATHER'S NAME (Flox, MONTH, Land) James R. Deaver	_			Nora E	ME (First, A	Aiddle, Maiden				
TO B	Mr. James R. De	axers		,	and Number or Rural Lane, E				*		
	20. METHOD OF DESPOSITION Married 2 (I) Cremistory 3 Removal from State A Donation 5 Other Spacey T. Lincoln Cemetery								or Town, State d, Maryland		
	22. NAME AND ADDRESS OF FACILITY FRANCIS GASCH 4739 Balt. Ave.,										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions, DIFE TO (OR AS A CONSEQUENCE OF)										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events										
	resulting in death) LAST	d									
MEDICAL	PART II. Other significant condition	na contributing to death but no	ot resulting is	n the underlyli	ng cause given in	Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN: M	25. WAS CASE REFERRED TO MEDICAL			26.5	LACE OF DEATH (C)		w1		1 125 2 100		
SICI	EXAMINER?	HOSPITAL:	t 3 □ DOA	OTHER:	me 5 - Residence						
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	20b. TIME INJU	E OF 28c, IN	JURY AT ORK? YES 2 NO			NJURY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, s	treet, factory, off	Ce	28f. LOC City	ATION (Street or Town, State)	and Number or I	Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) The Desir of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. The Desir of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner as stated.										
TO BE C	296. SIGNATURE AND TITLE DE CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, 19ar) 296. 2-8-91										
1	30. NAME AND ADDRESS OF PERSON WI	u par	221		W. SC	220	in	sa th	esda nd		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	SE.								

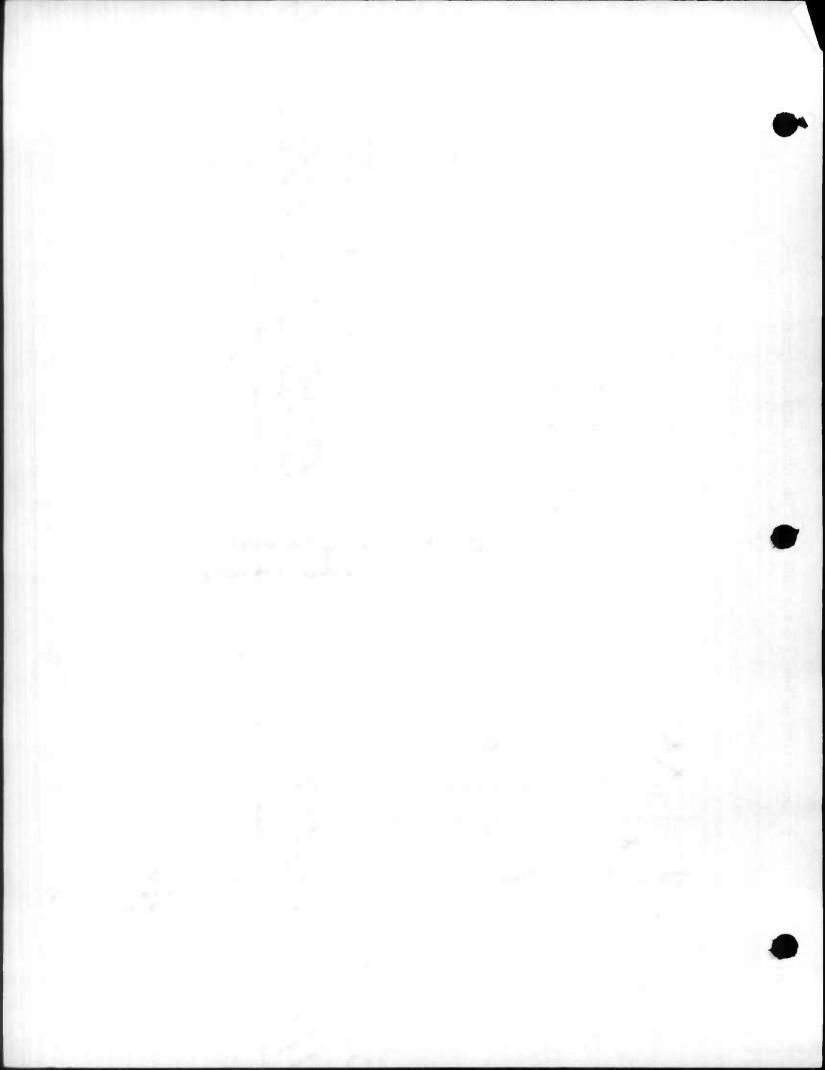
Gulia Vaindon Randalle

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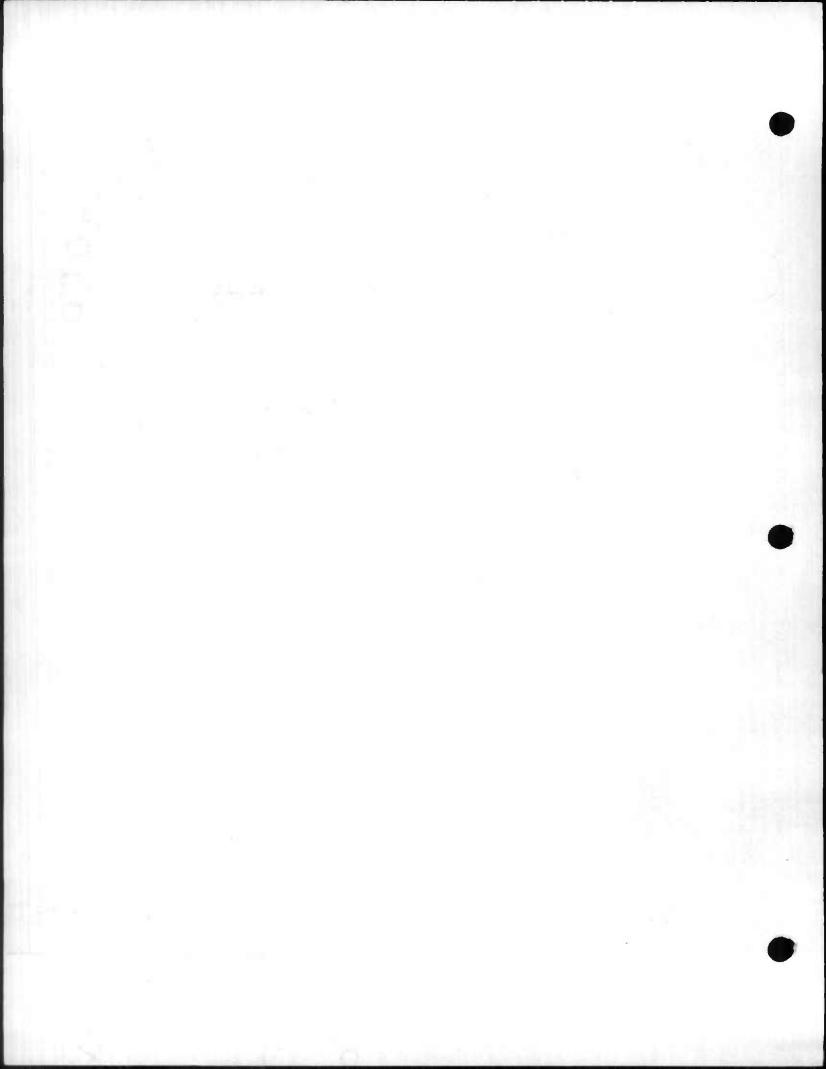
	FOR STATE STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	ITMENT OF	HEALTH AND I	MENTAL HYGIEN		1 05133			
Ä	1. DECEDENT'S NAME (First, Middle, Last) IDELL	A DUNSTON				2. DATE OF DEATH MONTH 02/06/91	YE.	3. TIME OF DEATH 5.58PM M			
16	177 20 0250	8. AGE (In yrs.		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT 4,		NORTH CAROI			
LOR	99. FACILITY NAME (If not institution, give street or PRINCE GEORGES HOSE RESIDENCE OF DECEDENT			96. CITY, TOWN CHEVERL	OR LOCATION OF DE	EATH	PRINCE	OF DEATH E GEORGE			
DIRECTOR	10a. STATE 10b. COUNTY	GEORGE'S	10c. CIT	Y, TOWN OR LOC	ARGO			10d, INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1105 CASTLEWOO	D DRIVE		1	Of. ZIP CODE	20772		U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Worced	ARMED	13. WAS DI	CENDENT OF HISPAI pecify Cuben, Mexico S 2/1/10 Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	10,000	RACE — American Indian, Black, White, etc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EDUCATIN (Specify only highest grade com	pleted)	DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPA work done during i se retired.)	TION nost of working	16b, KIND OF BU	SINESS/INDUST	RY			
MPLE	l2th grade	ollege (1-4 or 5+)	GENE	RAL CI	ERK	C&P T	ELEPHO	ONE COMPANY			
	17. FATHER'S NAME (First, Middle, Last) CURMET DUNSTON					ME (First, Middle, Maiden RITETE BO					
BE	190, INFORMANT'S NAME (Type/Print)		19b. MAILING	3 ADDRESS (Stree		Figure 10 nder, City or Ton		de)			
5	JEFFREY E. DUNSTON 10244 PRINCE PLACE LARGO, MARYLAND 20772										
	20s, METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State HAI	nlace)	MEMOF	IAL CEM	LILKI		or Town, State R, MARYLAND			
	21. SIGNATURE OF FUNERAL HOME, INC. 4339 HUNT PLACE, N.E. WASH										
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory screet, ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final										
	MMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
Z	De Hyporic bruen dange										
ATIC	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE O	OF):				4005			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE O	OF):	-			75.3			
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WER										
N: N											
SICIA	25. WAS CASE REFERRED TO EXAMINER?	OBPITAL:	3 □ DOA	OTHER:	PLACE OF DEATH (C						
	27. MANNER OF DEATH 1. Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. Til	ME OF 28c.	NJURY AT WORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUP	RED			
TED BY	3 Suicide 6 Could not be building, etc. (Specify)							Rural Route Number,			
COMPLET	COROCK OTHY	N: To the best of my knowledge On the basis of examination and									
BE C	296. SIGNATURE AND TITLE OF SERVICES	7			29c. LICENSE NO	JMBER 7.4	25d. DATE S	WINED (MOVIN, DW), Year)			

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
HISSLER MD 7500 CIPCEWO

32. REGISTRAR'S SIGNATURE Fundall

SUHISS

31. DATE FILED (Month, Day, Year) 91



3. TIME OF DEATH

DHMH-16 Rev 1/89

YEAR

2. DATE OF DEATH DAY 02/13/91

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		MAMIE	-	DURHA					02/	13/91		4	.20PM	M
		4. SOCIAL SECURITY NUMBER		B. AGE (In yrs.		MONTHS DAYS		DER 24 HRS.	(Monti	OF BIRTH		Country)	CE (State or Foreign	
용		938560648	1 M 2 F	65	YRS.	01 0/27/ 70/10	100100	71011 05 05	tes	10,190		1	1.C-	_
3 should	œ					9b. CITY, TOWI		ATION OF DE	ATH			Y OF DEATH		
22	DIRECTOR	PRINCE GEORGES HO	DSPITAL CE	NIER		CHEVER	LY_	-			PRINCE	GEO.	RGE	_
Page	\ <u>H</u>	10a. STATE 10b. COUNT				Y, TOWN OR LO							. INSIDE CITY LIMITS?	
ليْ			crey		1	1Ahso							YES 2 NO	_
ب	M	P. O. Boy	33				10f. ZIP C				10g. CITIZE	N OF WHAT	COUNTRY?	
the burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED	13. WAS D		SS3	IIC OBIGIE	N? (Specify Yes	0 No 1	L BACE -	American Indian,	_
burial		1 Never Married 2 Merried	FORCES? 1 [IF YES, GIVE WA	YES 2	NO	If yes,	specify C	iben, Mexice	n, Puerto	Rican, etc.)		Black, WI	ilte, atc.	٠
as the	ВУ	3 Wildowed 4 Divorced										B	AUK	
for use a	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a.	(Give kind of life. Do NOT u	USUAL OCCUPA work done during	TION most of wo	rking	-16b	. KIND OF BU	SINESS/INDUS	STRY		
of for	=	Elementary/Secondery (0-12)	College (1-4 or 5+)		Nur				P	Firste	Da	W		
detache once.	8	17. FATHER'S NAME (First, Middle, Last)			14000		18. M	OTHER'S NA	ME (First,	Middle, Melden	Sumame)	/		-
a ta	O I	Jubert B	ASKett	-			F	AHN		PAV	5			
5 should notified	0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street		ber or Rural I	Route Num					-
be not	입	Helry Durhar	>		2605	Tulker	nd,	Ft h	Ash	いっらかり	140	20	744	
ector, pa		20a. METHOD OF DISPOSITION 1 METHOD OF DISPOSITION 3 Rem	oval from State	othe	(place)	SITION (Name of	-				CATION — CI		State	
direct		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIF	DENDEE A	Kic	Jacun				DH 4TM	_ w/	torer (٠, ١)	_
tuneral dir J. examiner		21. SIGNATURE OF FONEHAL SERVICE LI	PENSCE			22. NAME	GRE	RESS OF FA	UNER	AL HON	E, INC			
the fu		Velon Edu	ret.				Al	EXANDI	RANKL	RGINIA	22314			
the attending physician and completely filled in by the funeral director, page 5 should be detached Mental Hygiene prior to burial, cremation, or removal. nlury, or other traumatic event, the medical examiner must be notified at once.		23. PART I. Enter the diseases, or ahock, or heart fellure.				not enter the i	node of	dylng, suc	h aa can	diac or reap	Iratory arres	nt,	Approximata interval Batwee	an:
y filled tion, o		IMMEDIATE CAUSE (Final disease or condition	P	newmo	04.4								Onset and Daa	th
remati		resulting in deeth)	8		SEQUENCE O	FI:								_
rial, c	_				ration									
to bu	흔	Sequentially list conditions, if any, leading to immediate	DUE TO #	OR AS A COA	SECUENCE O	E).		W 1 U	r					_
prior tra	3	cause. Enter UNDERLYING CAUSE (Disease or Injury				surlar	ac	Cide	-1-					
ending physician and completely Hygiene prior to burial, crema or other traumatic event,	RTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CON	ISEQUENCE O	F):								
attend mtal H Y, Or	CER		d											_
hed by the att th and Menta any Injury,		PART II. Other algnificant condition					ing caus	e given in	Part I.	24a. WAS AN			RE AUTOPSY FINDING	18
alth ar	EDICA	conge	stive her	11 -	failur	<			_	1 TYES	2 PNO		MPLETION DF CAUSE DEATH?	
as been sign bept, of Heal 23 shows	Σ	cardio	ic any	thmi	<u>a</u>							1[YES 2 NO	
has been signed to Dept. of Health a n 23 shows amy	AN:	25. WAS CASE REFERRED TO MEDICAL					21.105.0			<u> </u>				_
State		EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outpetla	a 2 🗆 BOA	OTHER:	-	F DEATH (Ch						-
the the	PHYSIC	27. MANNER OF DEATH	28a. DATE OF I	NJURY	26b. TIR	4 Nursing F	INJURY A			SCRIBE HOW	INJURY OCCU	RED		_
r this h with		1 Natural 6 Pending	(Month, De	y, Year)	IN IN	JURY 1 [WORK?	2 NO						
r deat	D BY	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF building.	INJURY - A	it home, farm,	street, factory, o	ffice			CATION (Street or Town, State		r Rural Route	Number,	_
s afte	ETE	4 Homicide determined	•	,,,					J.,,	or rown, our				
THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State IMPORTANT: If item 28 is marked, or item	MPLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the beat of r	my knowledge	, death occur	red at the time, o	late end p	ace, end due	to the ca	ruse(s) and ma	nner as atated	i.		
NERA Thin 72	SON	2 MEDICAL EXAMIN	ER: On the basis of ex	emination end	l/or investigati	on, in my opinio	n, death o	coured at the	time, det	e end plece, e	nd due to the	ceuse(e) en	d manner ee atated.	
HE FU	ш	296. SIGNATURE AND TITLE OF CERTIFIE	R O	M.O.	_			LICENSE NUI			29d. DATE	SIGNED (Mo	onth, Day, Year)	
F Z E	6 8	And and) . J.				0	395	50		3	114	191	
)		30. NAME AND ADDRESS OF PERSON WI	a lav Jr	E OF DEATH	(ITEM 27) (Typ	850 For	hes	Rlvd	100	hau n	11 7	20.20	(
60		31. DATE FILED (Month, Day, Year)	32. REGISTRAF	T'S SIGNATUR	RE			DILLO	CAR	rupe, n	Ca = 2	70 7 0	9	_

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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the dea	the at	d Ment	ny Injury,
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requires	een signe	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.	shows a
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31. DATE FILED (Month, Day, Year)

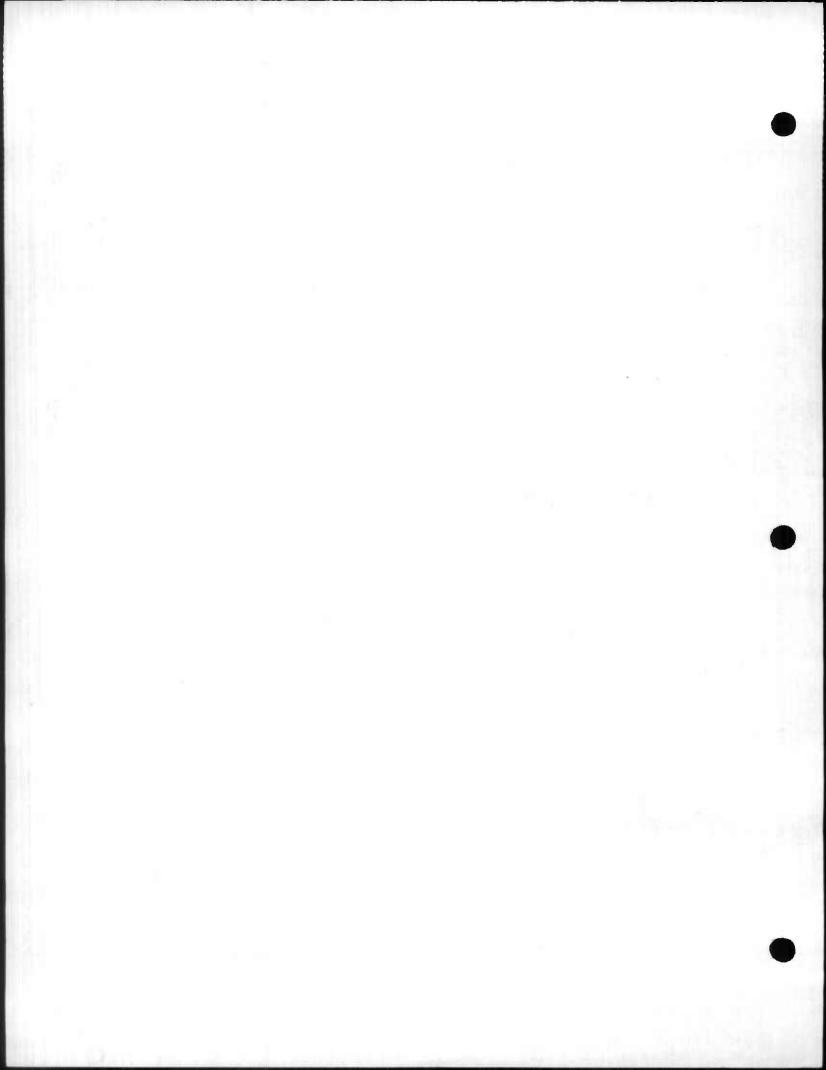
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	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT OF H		MENTAL HYGIENI REG. NO.	E		_
	1. DECEDENT'S NAME (First, Middle, Last)				A	.4	2. DATE OF DEATH	v	YEAR 3.	TIME OF DEATH
	MAYBELLE	BUSSE	LLS		Da	415	February	11 10	4	0005 H
		S. SEX 6. AGE (In yrs. last		birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign
1	214-10-00191	□ M 2 □ +	73	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) JULY 24, 19	17	Country) ΜΛΡΝ	ZLAND
	Se. FACILITY NAME (If not institution, give street	and number)	7.5		9b, CITY, TOWN	OR LOCATION OF DE			Y OF DEAT	
œ										
DIRECTOR	PENINSULA GENERAL	HUSPITA	łГ		SA.	LISBURY		W.	COMI	CO
<u> </u>	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10	d. INSIDE CITY LIMITS?	
5	MARYLAND WICC			PITTSVII	LE			10	YES 2 NO	
	10a. STREET AND NUMBER					I. ZIP CODE		10g. CITIZI	EN OF WHA	T COUNTRY?
FUNERAL	DOY 2/ HADDEN DOAD				1	21850			IIC/	
Z	BOX 34, WARREN ROAD	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U					HC ORIGIN? (Specify Year	or No — 1	USA 14. RACE —	American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 X NO		If yes, sp	ecify Cuban, Mexica	n, Puarto Rican, alc.)	-	Black, W	fille, atc.
\ B	3 📉 Widowed 4 🗌 Divorced	AR OR DATES		1 U YES	2 NO Specif	y:		Specify:	WHITE	
	15. DECEDENT'S EDUCATI	ION	16a, DEC	EDENT'S	USUAL OCCUPATI	ON	16b, KIND OF BUS	SINESS/INDU	STRY	
ĔΙ	(Specify only highest grade continued to the continued of	npleted) College (1-4 or 5 +)	Ma i	No NOT u	work done during made retired.)	ost of working				
21	12 YEARS	NO	1	ROWE	D		POULT	'PV		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	по	[0]	LOWL	IX.	18. MOTHER'S NA	ME (First, Middle, Maiden			
		.)	BUSSELL	C		ETHEL		` =	OLLII	r Tr
B	CARLTON (unk	()			Anness (Street		(unk Route Number, City or Tow			L.L.
2		ı D								7
	LINDA LANE-DAUGHTE		4				ILLE, MD	21850		State
	20a. METHOD OF DISPOSITION 2/13/91 M Buriel 2 Cremation 3 Removal from Stale 4 Donation 5 Other (Specify) PITTSVILLE CEMETERY 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) PITTSVILLE, MD									
	21, SIGNATURE OF PURPLE ALL SERVICE LICENS	eee	PITTS	ATLL		RY ND ADDRESS OF FA		TSVIL	LE, P	4D
	21. SIGNATURE OF PURITURE SERVICE EIGEN	1.0	,				RAL HOME, F	Α		
	501 SNOW HILL RD. SALISBURY MD 2									21801
	23. PART I. Enter the diseases, or com	plications that	contact the dea	th. Do						Approximate
	shock, or heart failure. List only one cause on each line. Interval Between Onset and Death Onset and Death									
	disease or condition									1
	resulting in death) a. Due to jon as a consequence on:									
_		Com	u the	tu	1 Miss	re				
CERTIFICATION	Sequentially list conditions,	DUE TO	OTI AN A CONSEQ	UENQ	P) A					
AT	If sny, leading to immediate cause. Enter UNDERLYING	Michi	to N	rell	Two					
FIG	CAUSE (Disease or Injury that initiated events	DUE 70 (OR AS A CONSEC	UENCE C	P):					
E	resulting in death) LAST									
CE										
A.	PART II. Other significent conditions	ontributing to	death but not n	auling	In the underlying	ng cause given in	Part I. 24e. WAS AN			YERE AUTOPSY FINDINGS MAILABLE PRIOR TO
S	owle who U.	sent	reads	~(1 D YES	TRY		OMPLETION OF CAUSE OF DEATH?
AE		,								YES 2 NO
2										
AN	25. WAS CASE REFERRED TO MEDICAL				26. 1	LACE OF DEATH (C	heck only one)			
PHYSICIAN: MEDICAL		OSPITAL:	ER/Outpatient 3	□ poa	OTHER:	me 5 Residence	6 Other (Specify)			
Η	27. MANNER OF DEATN	286. DATE OF	INJURY	28b. TI	ME OF 28c. IN	JURY AT	28d, DESCRIBE NOW	INJURY OCC	URED	
	Netural 6 Pending	(Month, De	ny; Ybar)	- 10-	IJURY W	YES 2 NO				
BY	2 Nocident Investigation	28e, PLACE O	F INJURY — At he	me, term.	street, factory, off		281. LOCATION (Street	and Number	or Runal Roi	ute Number.
ED	3 Suicide 8 Could not be 4 Homicide determined		etc. (Specify)		,		City or Town, State			
E.	200 CESTIFIES A									
AP.	(Check only						a to the cause(a) and mi			
COMPLET	2 MEDICAL EXAMINER:	On the basis of a	camination and/or I	rrvestigat	ion, in my opinion,	death occured at th	e time, data and placa, a	nd dua to th	a cause(s)	and manner as atsted.
	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Morgh, Day, Year)									
) BE	7/4/4	ME	7			DYC	170	1 2	-/1/	191
5	30. NAME AND ADDRESS OF PERSON WHO A	COMPLETED CAUS	SE OF DEATH (ITE	M 27) /Ba	o Print)		1	111		. 1

N WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print),
2 Q L L Z , M D SR (L C D D Y

32. REGISTRAN'S SIGNATURE
Sulia Davidson Panclasse

Mederater, Salisbuny, Md



attending pre-clan.	une burd-transk permit. Pages 1, 2, 3 should)
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the fine this permit. Pages 1, 2, 3 should be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 2120

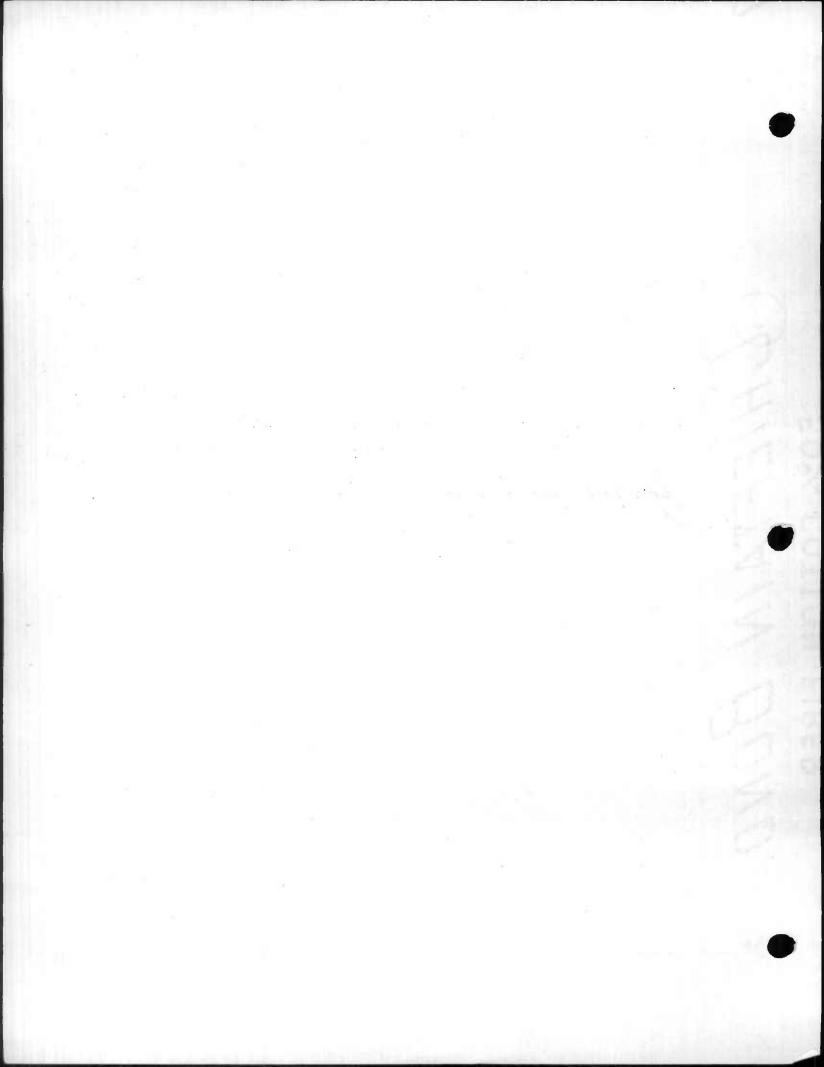
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAN		OL		ICAIL	. OI	DEA	111	HEG. P	Ю.		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	DANIEL ELM	O	DERBY,	SR					FEB. 7.	1991		9:00 a ^M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIFTH Country	PLACE (State or Foreign
	217-10-3959 Se. FACILITY NAME (If not institution, give	1 XXM 2 F	73	73 YRS.		DAYS	HOURS OR LOCATI	MIN.	AUG.30,	1917		YLAND
œ		837 S. DIVISION STREET							AIR			
2	RESIDENCE OF DECEDENT			S	ALIS	BURY			W	ICOMI	CO	
E C	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN O	R LOCA	TION				T	10d. INSIDE CITY	
DIRECTOR		ICOMICO			SAL							LIMITS?
FUNERAL	10a. STREET AND NUMBER				10	. ZIP COD	E		10g. Ci	TIZEN OF W	HAT COUNTRY?	
	837 S. DIVISION						2180)]			USA	
5	11. MARITAL STATUS		TEVER IN U.S. ARI						NIC ORIGIN? (Specify in, Puerto Rican, alc.)	Yes or No-	14. RACE	- American Indian, White, stc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	WAR OR DATES				2 NO				Speck		
	15. DECEDENT'S ED	UCATION	18a. DE	CEDENT'S	USUAL OC	CUPATION	ON		16b. KIND OF	DUSINESS/IN	HOUSTRY	WILLE
	(Specify only highest grad Elementary/Secondary (0-12)	e completed) College (1-4 or 5 -	(GI	ve kind of	work done d se retired.)	luring mo	at of working	ng				
COMPLETED	11 YEARS	2 YEARS		CHIN	ТСТ				BUILD	INC OI	DED AT	TONC
NO.	17, FATHER'S NAME (First, Middle, Last)	ZIERKS	7.11	OHILK	101		18. MOT	HER'S NA	ME (First, Middle, Maid			LUNS
	HARVEY	Α.	DERBY	CD			LUC					
BE	19e. INFORMANT'S NAME (Type/Print)					/Ctroat			E . Route Number, City or		DANIE:	L
2	VIRGINIA T. DERB	V LITED										
		/11/91							SALISBURY			
- 1	1X Buriel 2 Cremation 3 Re	noval from State	other pla	PARSONS CEMETERY					2.0	LOCATION -		
	4 Donation 5 Other (Specify)		PARSU	NS C						LISBU	JRY, I	MD 21801
	21. SIGNATURE OF PURERIAL SERVICE L	ICENTED A	,				ND ADDRE		RAL HOME	РΔ		
	THEM!	talle	Red.						RD, SALI		MD	21801
CERTIFICATION	disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
	DART II Osh - stantiles at an electric											
N: MEDICAL	PARI II. Utner aignificant condition	death but not n	t not resulting in the underlying csuse given in F					PER	AN AUTOPS' FORMED?	Y 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Y Y	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (Ch	neck only one)			
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		10 8 XR	esidence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIA	E OF	28c. IN.	JURY AT		28d. DESCRIBE HO	W INJURY O	CCUREO	
	1 Natural 5 Pending	(Month, L	Day, Year)	IN	JURY		PRK? YES 2	NO				
BY	2 Accident Investigation 3 Suicide & Could not be	28a, PLACE C	F INJURY — At ho	me, ferm.	street, facts				281. LOCATION (Str.	et and Numb	oer or Rural I	Brute Number
TED	4 Homicide 8 Could not be determined	building	etc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			City or Town, St	ate)	TOT OF FIGHT	rote runnes,
COMPLETED	(ondor only	SICIAN: To the best of a										a) and menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFI	ER A	_				29c. LIC	ENSE NU	MBER	29d. D/	ATE SIGNED	(Month, Day, Year)
BE	XXX	M	0				1	77	507	I	For	8 991
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITE	4 27\ /No-	Print			1	000/		110	0 1171
	A Lascol	CRASS	0 10	15	E.	CK	RRO	1	A	SAU	s By	ay MO
0	31. DATE FILED (Mortin, Day, Year) FFR 1 0 0 1		AR'S SIGNATURE	2000								

lt



			FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR Certif				MENTA	REG. NO.	21	0	
		ļ	1. DECEDENT'S NAME (First, Middle, Last)	Marie ?	Davis				MONT		O IV	EAR 3.	635 A
1	3		4. SOCIAL SECURITY NUMBER		in yrs. lest birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			CE (State or Foreign
100	6		Z10-ZU-495/		7 YRS.	MONTHS	DAYS	HOURS MIN.	4/0	7/23		Mary	land
	P)	9a. FACILITY NAME (If not institution, give stre	et and number)	1 - 64	9b. CITY, T	OWN OF	LOCATION OF DE	HTA		9c. COUNTY		
	·	8	RESIDENCE OF DECEDENT	LIGH MOST	max	MA	NIC	all mon	ace		Hon		
1.	Pages	DIRE	Maryland Harfo	wd		vre d							d. INSIDE CITY LIMITS? XYES 2 NO
	ermit,		Maryland Harfo 100. STREET AND NUMBER	ru	I Ha	vie u	-	ZIP CODE			10g. CITIZEN		T COUNTRY?
9	ansit	FUNERAL	451 Lafayette Str					1078			U.S.A		
03-3146	burial-transit permit,		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If :	yes, spe	INDENT OF HISPAI city Cuban, Maxica 2 NO Specifi	n, Puarlo		or No- 14.	Black, W	
21203-3146	as the	BY	3 Widowed 4 Nolvorced		I North				-			-	Black
1203	use a	ETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S (Give kind of life. Do NOT L	work done du se retireg.)	ring mos	N t of working	166	. KIND OF BUS	INESS/INDUS	FRY	
	hed for	P	Elementary/Secondary (0-12)	College (1-4 or 5+)		skie							
AND 2	detach	COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA					
MARYLAND	5 should be detached for use notified at once.	BE	James Carroll Lee 198. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street an	SUSd II	Ų	inia C		de)	
MARY	e 5 should notified	2	Rosetta Jones					Street					21078
RE,	ector, page must be		20a, METHOD OF DISPOSITION 1 1 Burlel 2 Cremetion 3 Hemon	val from State	PLACE OF DISPO						e de G		
MORE,	direct m		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	syper /	t. James			PADDRESS OF FA	CILITY,				טויו פּ
BALTIMORE,	the funeral director, page wal.		· Church II	1. hom				Box 188					21078
80	SE S		23. PART I. Enter the diseases, or co ahock, or heart fellure. L										Approximata Interval Between
	y filled in thon, or re the med		IMMEDIATE CAUSE (Final disease or condition			Λ		1 4440					Onset and Deatl
5,	completely fille fal, cremation, cevent, the		resulting in deeth)	DUE TO (OR AS A	Tiple	PF:	46	Como	-				6 Moulti
13146,	and com burial, o	z	b.	ş									
X 2	ysician and con prior to burial, traumatic en	ATIC	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE (OF):							
O. BOX	ing physique protect of the t	띮	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE	OF):							
, P.O	the attending physician Mental Hygiene prior to njury, or other traun	CERTIFICATION	resulting in death) LAST										
တ္က		CAL	PART II. Other algnificant conditions		ut not reaulting	In the und	lerlylng	cause given in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS WILABLE PRIOR TO
ORI	alth an	DIC	Renal fail	erre						1 [] YES 2		CC	OMPLETION OF CAUSE F DEATH?
RECO	sen sign of Heal	: MED										11	YES 2 NO
	e has te Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (C/	heck only o	ne)			
OF VITAL	certificate has the State Dep 1, or Item 23	YSIC	1 - YES 2 NO	HOSPITAL: 1 Inpettent 2 ER/Outp		-	ng Home	5 - Residence	4				
	this with	Y PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF :	28c. INJU WOI		28d. DI	SCRIBE HOW II	NJURY OCCUI	RED	
NOISI	W G A	0 8)	2 Accident Investigation 3 Suicide 8 Could not be	26s. PLACE OF INJURY building, etc. (Spec	/ — At home, term,	street, facto				CATION (Street a	and Number or	Rural Rout	te Number,
DIVISION	DIRECTOR: hours after Item 28	ETE	4 Homicide detarmined						J.,				
10	VAL DIRECTOR TO THE PROPERTY OF THE PROPERTY O	COMPL	one)	CAN: To the best of my know									
	TO THE FUNERAL C TO THE FUNERAL C Be filed within 72 h IMPORTANT: It it		29b. SIGNATURE AND TITLE OF CERTIFIER	t: On the basis of axamination	n and/or investigat	ion, in my op	mion, de	29c. LICENSE NU		a and place, an			onth, Day, Year)
1	TO THE FUNES TO THE FUNES TO THE MITHIN MPORTANT:	BE	Stellani	MD.				The second second	600		D 2	117	171.
	=	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	Б. 433 В. 433	GIRA	ND	ST. Ha		De Gr	ree N	B Cr	1078
			31. OATE FILED (Mooth, Day, Year)	32. REGISTRAR'S SIGN	NATURE Pande	02		+					

(should	P	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount of the death. Page 6 may be retained by the instance that the death of the attending physician. TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1.2. Should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPURIANT: II HEM 26 IS MARKEU, OF HEM 23 SHOWS ANY INJURY, OF OTHER DESCRIPTION DESCRIPTION OF HOUSE AND AN OTHER.

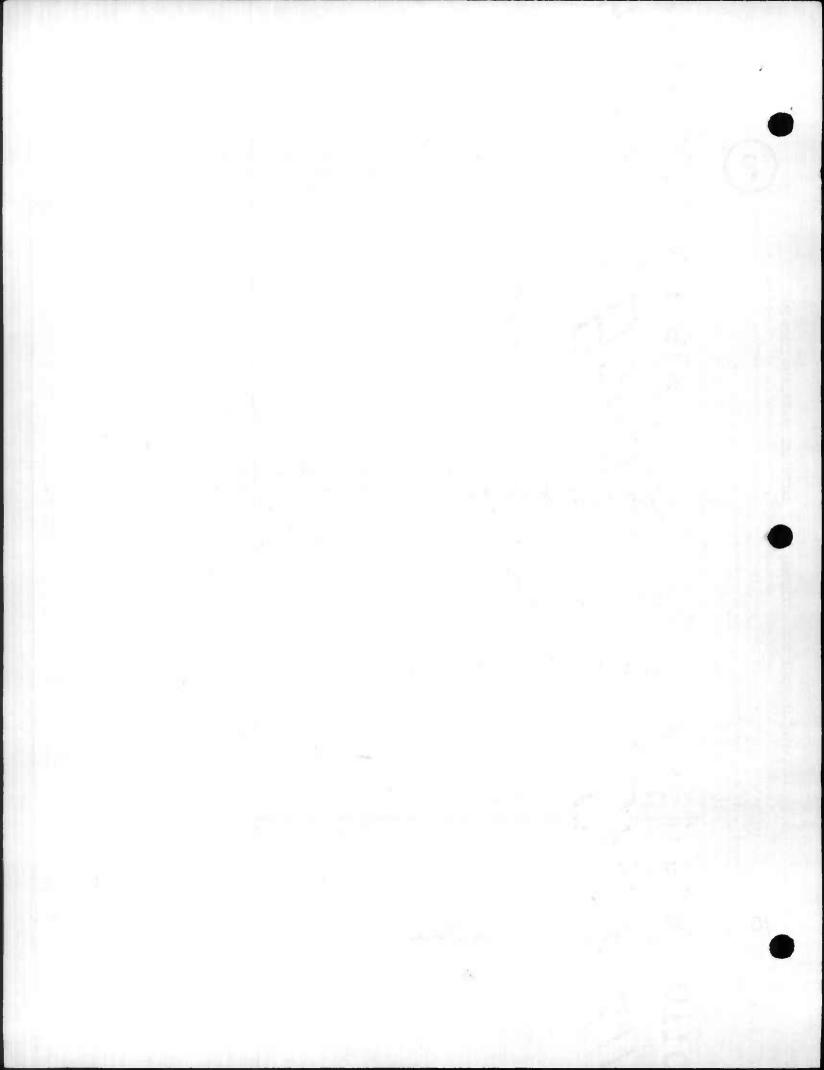
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) MILDRED MYRTLE DAVIS					2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE	· · · · · · · · · · · · · · · · · · ·	7:00 P.	
214-05-9370	1 □ M XX F 8		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) 02-02-19	Cou	THPLACE (State or Foreign intry) MD	
a. FACILITY NAME (If not institution, give s 211 ARCH STREET			OLUMBEI	OR LOCATION OF OR ELAND	EATH	9c. COUNTY OF		
DA. STATE 106. COUNT			rown on Local	TION			10d. INSIDE CITY LIMITS? XX YES 2 NO	
MD Allega on Street and NUMBER	шіу	Cum		1. ZIP COOE		10a, CITIZEN O	F WHAT COUNTRY?	
211 Arch Street			2	1502		USA		
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	ER IN U.S. ARMED ES 2 XXID R DATES	2 XXD If yes, specify Cuban, Ma		and a second second		CE — American Indian, ack, White, etc. ecily: White		
15. DECEDENT'S EOU (Specify only highest grade	JCATION e completed)	16a. DECEDENT'S U	SUAL OCCUPAT	ON ost of worldna	16b. KIND OF BUS	INESS/INDUSTRY	•	
Elementary/Secondary (0-12) College (1-4 or 5+)			(Give kind of work done during most of life. Do NOT use retired.) ret. cook				gany Co. Infirmary	
, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
George Washingt	on McKinney			Inez				
Mrs. Mary K. Mu	llan				Aoute Number, City or Town erland, MD			
De. METHOD OF DISPOSITION Description in the descr	20b. PLACE OF DISPOSI	PLACE OF DISPOSITION (Name of cornetory, cremetory or other place) Inset Memorial Park			20c. LOCATION — City or Town, State Cumberland, MD			
I. SIGNATURE OF FUNERAL SERVICE LI	CENSEE O	11:	22. NAME AND ADDRESS OF FACILITY Scarpelli Fune Cumberland, MD				,	
Sequentially list conditions, farry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	b. S P ()	AS A CONSEQUENCE OF	Myoc	endial	Infa	nctiv	2 .	
PART II. Other algorificant condition	th but not resulting in	but not resulting in the underlying ceuse given in			AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I OTHER:	LACE OF DEATH (C)	neck only one)			
1 YES 2 NO 7. MANNER OF OEATH 1 Netural 8 Pending	1 Ingestient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? M 1 YES 2 NO							
Accident Investigation Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)				ca	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
000)	SICIAN: To the best of my li IER: On the besis of examin						ne(a) and menner as stated.	
D. SIGNATURE AND TITLE OF CERTIFIE V. A. COUNTY D. NAME AND ADDRESS OF PERSON W	han	F DEATH (ITEM 27) /3	Print)	D 19	750	29d. DATE SIGN	ED (Month, Day, Year) $5-91$	
R. RANJITHAN, 517	OLDTOWN RO	DAD, CUMBER	LAND, M	D 21502				
FEB 0 7 1991	932. REGISTRAR'S	signature n-Mandelle						

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

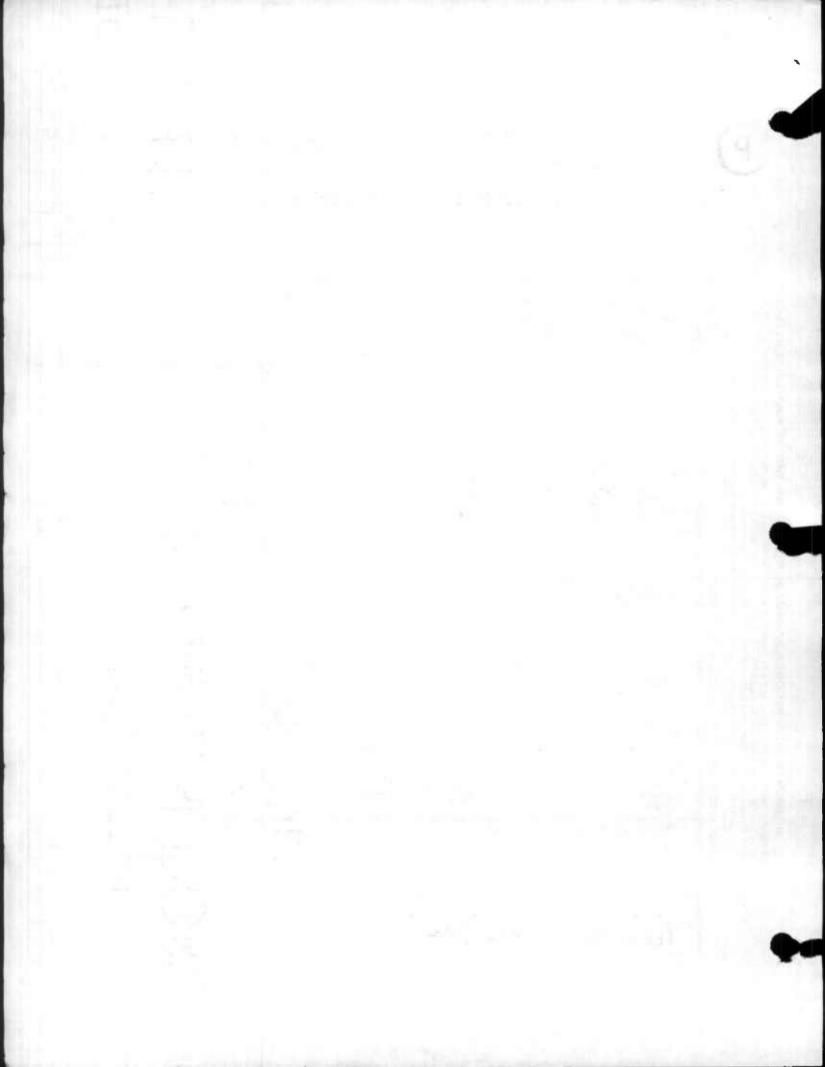


TO BE COMPLETED BY FUNERAL DIRECTOR

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TEN	TOR.	affer 28 i
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 musts after death. Page 6 may be retained by the hospital or	TO THE FUNEFALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. or Health and Nertial Hyglene prior to bunal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPART				MENTA	L HYGIEN	_	ı	00133
1. DECEDENT'S NAME (First, M							2. DATE MONT		01	YEAR 91	3. TIME OF DEATH 02:15 amm
4. SOCIAL SECURITY NUMBER	lesley Deve	6. AGE (In yrs. Is	st birthday)	IF UNDER 1 YE	AR I	F UNDER 24 HRS.		OF BIRTH)1		
000 10	061-1 M2 F			MONTHS DA		IOURS MIN.	(Mont	h, Day, Year)		Countr	IPLACE (State or Foreign VA •
220 - 10 - 90. FACILITY NAME (If not instit	0041 X	72	-	DE CITY TO	401 OB	LOCATION OF E	1 05	28	8	INTY OF D	VA.
							ZEAIN				
Sacred	Heart Hosp	ital		Cum	ber	land			I A I	lega	a n y
	0b. COUNTY		10c. CITY,	TOWN OR LO	OCATIO	N					10d. INSIDE CITY
MARYLAND	ALLEGANY		CIT	MBERL	7 7.1	D					LIMITS?
10e. STREET AND NUMBER	ALLEGANI		1 001	MDEKI		IP CODE			100 CIT	IZEN OF Y	WHAT COUNTRY?
ROUTE 5 BO	OV 3/1/_ A				101. 2.	2150	2			J S	
11. MARITAL STATUS		IT EVER IN U.S. A									
1 Never Merried 2 . Me	FORCES?	YES 2 🔯		If yes	s, specif	DENT OF HISP/ fy Cuben, Mexic	en, Puerto		or No-	14. RACE Black	E — Americen Indien, k, White, etc.
3 Widowed 4 Divorce	I IF YES, GIVE V	MAR OR DATES		1 🗆	YES 2	NO Spec	elfy:			Speci	"y: WHITE
15. DECED	ENT'S EDUCATION	16a D	ECEDENT'S U	ISUAL OCCUR	PATION		1 404	. KIND OF BU	PINESS /INI	DUETRY	MUTIE
(Specify only h	ighest grade completed)		Give kind of wo	ork done during		of working	104	A KIND OF BO	SINE SS/IN	DOSTRI	
Elementary/Secondary (0-12	College (1-4 or 5	+)	SI	PINNE	R			FIB	ER/	TEXT	TLE
17. FATHER'S NAME (First, Midd	Mo Looth			211111	-					1 11111	111
AARON A.						8. MOTHER'S N HANNA		KIMBL			
199. INFORMANT'S NAME (Type AUDREY E.		11	ROUT!			Number or Rura					21502
20a, METHOD OF DISPOSITION 1 (Spuriel 2 Cremetion	3 - Removal from State		E AND DATE	or other place))		DAT		CATION —	City or To	own, State
4 Donetion 8 Dother (S		- HILL	CRES			L PAR		91 CU	MBE	RLAN	ID, MD
21-SIGNATURE OF FUNERALLY	4. L do	afer		HAF 130	ER 2	NATIO	EL O	HWY L	AVA	LE,	MORTUARY MD_21502
23. PART I. Enter the disease of condition resulting in death)	· acc	it caused the duse on each lin	ral	Sup		of dying, su	. /	Gytin	rego	cleve	Approximete interval Between Onset and Death
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ité G	OR AS A CONSE	QUENCE OF	mpl	to	ane.	Les	when	my		39
PART ii. Other eignificent	conditione contributing to	deeth but not	resulting in	the under	iying c	euse given i	n Part i.	24e. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
ASCUT)							PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
mento	Bucterul	Ange	n : /	160				1 TYES 2	KNO		OF DEATH?
	1000		or post -								1 YES 2 NO
25. WAS CASE REFERRED TO I	MEDICAL HOSPITAL:			OTHER:	8. PLAC	E OF DEATH (C	Check only o	ne)			
1 TYES 2 NO		☐ ER/Outpatient			Home	5 - Residence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	28e. DATE Of (Month, inding restigation	F INJURY Day, Year)	28b. TIME INJU	JRY	WORK	TY AT	28d. DE	SCRIBE HOW	INJURY OC	CURED	
3 Suicide 8 Co	28e. PLACE	OF INJURY — At h	ome, farm, st	treet, factory,	office			CATION (Street or Town, State,		or or Rural i	Route Number,
ann)	YING PHYSICIAN: To the best of										e) and manner as stated
29b. SIGNATURE AND TITLE O					-	Pec. LICENSE N	UMBER				(Month, Day, Year)
20 NAME AND ADDRESS OF			- 67	21.0		DO -	/(.	35	12	7-5	-71
III	PERSON WHO COMPLETED CALL INE MAZZOCCO,				CON	DRIVE.	CUM	BERLAN	D. M	D 21	502
2110 4. 1001			, ,						,		



mit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the arms after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ter death. Page 6 r	the funeral director	wal.	al examiner mu
within 25 ars af	npletely filled in by	cremation, or remo	vent, the medica
tificate be executed	physician and con	ene prior to burial,	ther traumatic e
that the death cer	ed by the attending	th and Mental Hygi	any injury, or o
: The law requires	ate has been sign	tate Dept. of Heal	tem 23 shows
UDING PHYSICIAN	: After this certific	r death with the S	Is marked, or i
THE HOSPITAL OR ATTE	THE FUNERAL DIRECTOR	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: If item 28
2	5	De f	X

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR Certif	TMENT OF H	IEALTH AND M	MENTAL HYGII		1 05200
	1. DECEDENT'S NAME (First, Middle, Last) Margaret Helena					2. DATE OF DEATH	DAY 02	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 506 - 38 - 2895 A	1 - M 2 X F	yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, NOV. 6,	1896	Menny Proced (State or Foreign Minnesota
TOR	90. FACILITY NAME (If not institution, give street Holy Cross Hospi RESIDENCE OF DECEDENT			Silver	Spring	ATH		ry of death gomery
DIRECTOR	10a. STATE 10b. COUNTY	e George's		y, town or locate.				10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO}\) NO
FUNERAL	100. STREET AND NUMBER 4406 Holly Hi	11 Rd		101	20 782			EN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, sp		IIC ORIGIN? (Specify n, Puarto Rican, etc.)		14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12) 1 2 Ln Grade		(Give kind of a life. Do NOT us	work done during more retired.) - Math			BUSINESS/INDU	
BE COM	17. FATHER'S NAME (First, Middle, Last) Arthur McGuire					ME (First, Middle, Male Hodgkins	den Surname)	
10 B	19e. INFORMANT'S NAME (Type/Print) James A. Earl	(Son)				Route Number, City or Hyattsv		
	20e. METHOD OF DISPOSITION 1	val from Stata Me	adher steens	tan Cren		A		Sty or Town, State ria, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICE	ance	Jaseh	Franc				Home, P.A.
	23. PART I. Enter the diseases, or complete the control of the con	iat only one cause on ea	ch line.	not enter the mo	code of dying, auc	h aa cardiac or re	spiratory arre	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A						
MEDICAL	PART II. Other algoriticant conditions Authoritish Whyle Ashrusellist	contributing to does but the him hem	it not resulting	in the underlyin	g cayse given in	Part I. 24e, WAS PER 1 DEVE	AN AUTOPSY FORMEO? S 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. P	LACE OF DEATH (Ch			
	27. MANNER OF DEATH 1. Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIA	ME OF 28c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCC	CURED
ETED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Special Control of the Contro	— At home, ferm,	atreet, factory, offi	ca	28f. LOCATION (Str. City or Town, S	eet and Number tate)	or Rural Route Number,
COMPLE	anal	CIAN: To the beat of my knowledge. On the beats of examination						ed. e cause(a) and manner as stated.
BE	200. SIGNATURE AND TITLE OF CERTIFIER	1 Bane	1		DOO2		29d. OATE	E SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (%)	Print)		1 0		

BARR, MD 4500 Collyc Ave, Collyc Park, Md. 20746

32. REGISTRAR'S SIGNATURE

Julia Davidson-Rondole

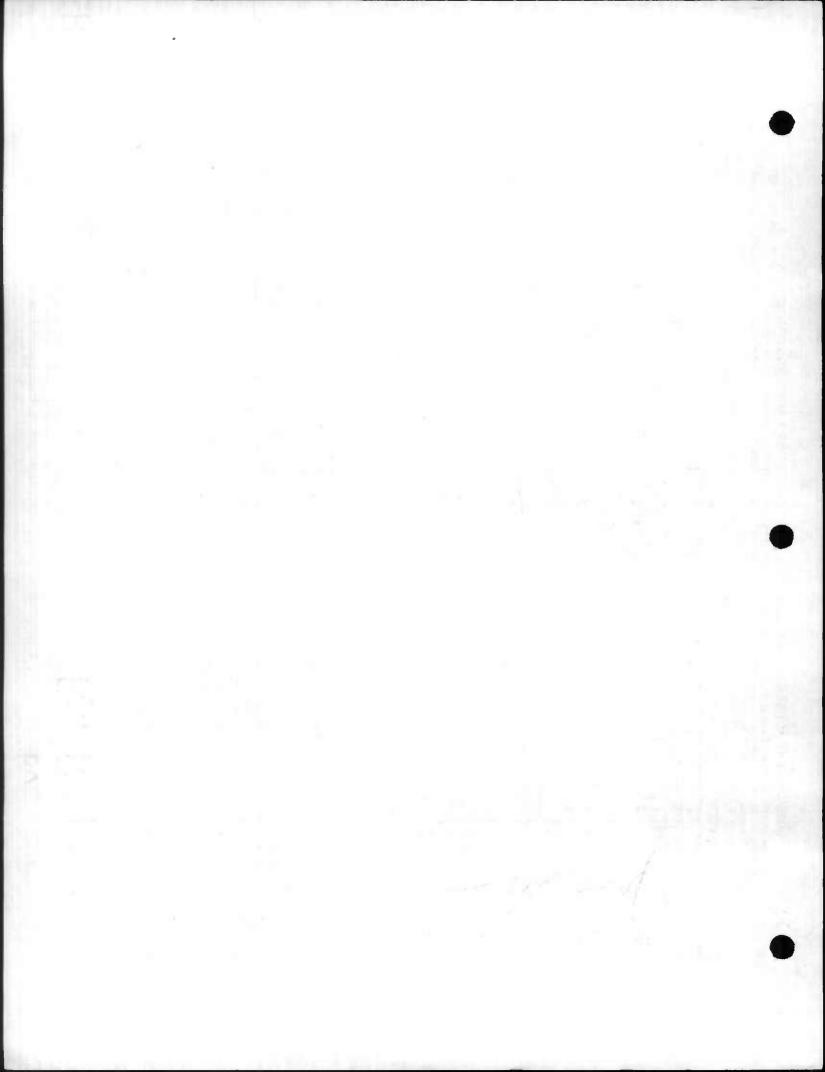
DHMH-18 Ray 1/89

31. DATE FILED (Month, Day, Year)
FEB 1 1 '91

ages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	HYGIENE REG. NO.		
DECEDENT'S NAME (First, Middle, Last CARL)	DAVID		EVANS		2. DATE C	OF OEATH	Q YE	3. TIME OF DEATH 1 4:14 F
4. SOCIAL SECURITY NUMBER 218-04-2093 9s. FACILITY NAME (If not institution, give	5. SEX 6. AGE (in	21 YRS. MOI	UNDER 1 YEAR		7. DATE O (Month, May	F BIRTH Day, Year) 14,196	9 Na	BIRTHPLACE (State or Foreign Country) aryland
14000 block Dudl	ley Station Roa			er Marlbo			Prince	e George's
	ce Georges		Marlbe	oro				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 11101 Old Marlb				20772			U.S.	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 K NO	If yes, spe-	endent of Hispani city Cuban, Maxican 2 NO Specify:	n, Puerto Ri			RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EC (Specify only highest grave) Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use rel Painter	done durina mos	N It of worlding		KIND OF BUSIN	NESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Last)		Taillei	T	18. MOTHER'S NAM	ME (First, M	liddle, Malden Su		Tactor
George B. Evans		I illustrations and		Patricia	-			
19a. INFORMANT'S NAME (Type/Print) Martin Evans				e. Forest				
20a. METHOD OF DISPOSITION 1 10 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State of ce	PLACE AND DATE OF emetary, crematory or o	F DISPOSITION	(Name	DATE		TION — City	or Town, Stata
TO STURATIONS OF FUNERAL SERVICE	A Lesbar	1	22. NAME AN	D ADDRESS OF FAC	CILITY	4	308 S	uitland Rd. nd, MD. 2074
23. PART I. Enter the diseases, of shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	s. Multiple I	ch line.	onto the man	or dying, such	1 80 00101	or tropic	Mory Biles,	Approximats interval Betwo Onset and De
Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	с.	CONSEQUENCE OF):						
PART II. Other significent condition	ons contributing to deeth bu	t not resulting in t	he underlying	cause given in i	Part I.	24s. WAS AN AI PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 X YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpet		THER:	ACE OF DEATH (Che			Caon	
27. MANNER OF DEATH 1 Netural 5 Pending XXIX Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJU	JRY AT RK?	28d. DES	CRIBE HOW INJ	Scen JURY OCCUR CONTRO	e Passenger ol/fixed obj
3 Suicide 8 Could not b	28e. PLACE OF INJURY -	- A1 home, farm, atree	et, lectory, office		281. LOCA City o	TION (Street and or Town, State)	d Number of F 1400 b	Plurel Route Number, impail olk. Rd., Upper
29e. CERTIFIER (Check only one) 1 CERTIFYING PHY ONE) 2 MEDICAL EXAMI	YSICIAN: To the best of my knowle INER: On the bests of examination	dge, death occurred a and/or investigation, i	it the time, data in my opinion, de	and place, and dua eath occured at the	to the caus	se(a) and mann and place, and	er as stated. dua to lhe ci	Marlboro, P.G. County auss(a) and manner as state
296. DIGHATURE AND TITLE OF CENTIF				29c. LICENSE NUM	ABER		29d, DATE SI	GNED (Month, Day, Year) -10-91
Ann M. Dixon,	M.D. Deputy		· ·	n Street	Ra'	1+imore	- MD	21201 v
31. DATE FILED (MOTIN), Bay, 191	32. Egistram's signa		TT TOT	II DULCCE	, Da.	I CIIIOI C	3, PID	ZTZOT A



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

al examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
wal.	be field within 72 hours after death with the State Dept. of Health and Mental Hygnene prior to buriel, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial	TO THE FUNERAL CHRECTOR. Amen this certificate has been signed by the attended by the attended for use as the burial
ter death. Page 6 may be retained by the hospital or attending physic	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law impulses that the death certificate be secured within 24 flours after death. Page 6 may be retained by the hospital or attending physic
BALLIMORE, MARTLAND 21213-0020	DIVISION OF VITAL RECORDS, P.O. BOX 88/80, BALLIMORE, MARTLAND ZIZIS-0020

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	91	05202
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FOR STATE REGISTRAR		STATE OF MAR					EALTH AND I	MENTAL	HYGIENE REG. NO.	9	1	05202
1. OECEOENT'S NAME (First, Mic	idle, Last)	MARY	Ε.	EV	ANS			2. DATE MONTH	OF OEATH		YEAR 91	3. TIME OF DEATH 2:42 A M
4. SOCIAL SECURITY NUMBER	100	COST CONTRACTOR OF THE PARTY OF	GE (In yrs. les		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		Country	PLACE (State or Foreign
218-24-4079		1 M 2 🔀 F	61	YRS.	aon ma	DAYS	HOURS MIN.	Mar.	24, 1	929	Mai	ryland
9a. FACILITY NAME (If not institu					9b. CITY,		R LOCATION OF DE	HTA		9c. COUN	ITY OF O	EATH
Peninsula	a Gene	eral Hospi	tal			Sal	isbury			Wi	comi	.co
	b. COUNTY			10c. CITY,	, TOWN O	R LOCATI	ON			-		10d. INSIDE CITY
Maryland	Som	erset		E	well	, MI)					LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER						10f.	ZIP CODE			10g. CITI	ZEN OF W	/HAT COUNTRY?
General Deliv	ery						2182	4			U.S	.A.
11. MARITAL STATUS 1 Never Married 2 Mai 3 Widowed 4 Divorced	rried	12. WAS OECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 1		H	yes, spe	NDENT OF HISPAN city Cuban, Mexica 2 NO Specifi	n, Puerto I		or No—	14. RACE Black Specif	- American Indian, , white, etc. White
15. DECEDE (Specify only hig	NT'S EDUCA			CEDENT'S U				16b	KINO OF BUS	INESS/INO	USTRY	
Elementary/Secondary (0-12)		College (1-4 or 5+)	life.	. Do NOT use	retired.)							
Grade 8			Ma	nager					Groce	_	tore	
17. FATHER'S NAME (First, Middle Clayton W. Mi		on					Willie			Sumame)		
19a. INFORMANT'S NAME (Type)		JII	Lan		4.00pree		WIIIIE			Danta Win	On del	
R. Stanley Ev	ans		19				a,b,c,d		ber, City or lowe	n, State, Zip	Code)	
20a. METHOD OF OISPOSITION 1 X Buriet 2 Cremation 4 Donation 6 Other (Sp	3 Ramov		of cemetary Ewell	crematory Chur	or other pi	ace)		DAT /13/9		ell,		wn, State
21. SIGNATURE OF TUNERAL S	ERVICE LICE	APEE	1		22. 1	NAME AN	D ADDRESS OF FA	CILITY	move 1	Homo		
Cobert	11/10	arblau	e. Ch		30	6 W.	Main St	t. –	Crisfi	eld,		21817
23. PART I. Enter the diseration with the control of the control o		Asthma DUE TO (OR	on each line	1.								Approximate Interval Between Onset and Death
Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING	te	DUE TO (OR	AS A CONSE	OUENCE OF	ን፡		_					
CAUSE (Disease or Injury that initiated events resulting in death) LAST	1 .	DUE TO (OR	AS A CONSE	OUENCE OF):							
PART II. Other algolificant	conditiona	contributing to dea	th but not	reaulting l	n the un	derlying	cause given in	Part I.	24a. WAS AN PERFOR	MED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									70			1 X YES 2 □ NO
												**
25. WAS CASE REFERRED TO N						_	ACE OF DEATH (C)	neck only o	ne)			
1 X YES 2 □ NO		HOSPITAL:	Outpatient 3	DOA	OTHER		e 5 🗆 Residenca	6 🗆 Othe	er (Specify)			
27. MANNER OF DEATH XXX Natural 5 Per		26a. DATE OF INJU	JRY bar)	28b. TIMI	E OF URY		RK?	26d. DE	SCRIBE HOW I	NJURY OC	CURED	
2 Accident Inv	estigation	28e. PLACE OF IN.	JURY - At h	ome ferm	treet fact		rES 2 NO	281 104	ATION (Street a	and Numbe	or Rural	Route Number
	uid not be ermined	building, etc.	(Specify)	ome, ratin, a	Allert, mot	ory, orne			or Town, State)		OF PROPERTY	rodio (tarrico),
former out	100 1100 0	AN: To the best of my i										a) and manner as stated.
296. SIGNATURE AND TITLE OF	CENTIFIER						29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
NS	X						OCM	E		•	2-10)-91
Ann M. Dix		.D., Deput				. Per	nn Stree	t, B	altimo	re, N	1D :	21201 vl
FEB 1 4		32. REGISTRAR'S			22							

permit. Pages 1, 2,

detached for use as the burial-transit

3	8
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Tours after death. Page 6 may be retained by	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.
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Samuel

FEB 19 9

Chan M.D.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Geneva Mae Eichelberger 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 0620 iche berger benevo 6. AGE (In ys. lest birthday) 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Day, Year) MONTHS DAYS HOURS 64 1 - M 2 XF 220-16-1285 YRS. July 19, 1926 Maryland Se. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH CHA Washington Co. Hospital Haa stown DIRECTOR Dashingtor 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE Maryland Washington Keedysville 1 - YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 3032 Chestnut Grove Road 21756 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No. 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify Specify: BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 16e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEOENT'S EDUCATION (Specify only highest grade complex 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 yrs. Homemaker Residence once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumeme, Stanley Minnick Baker notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3032 Chestnut Grove Rd. Keedysville, Md. 21756 Gerald L. Eichelberger Jr. 2 20e. METHOD OF DISPOSITION

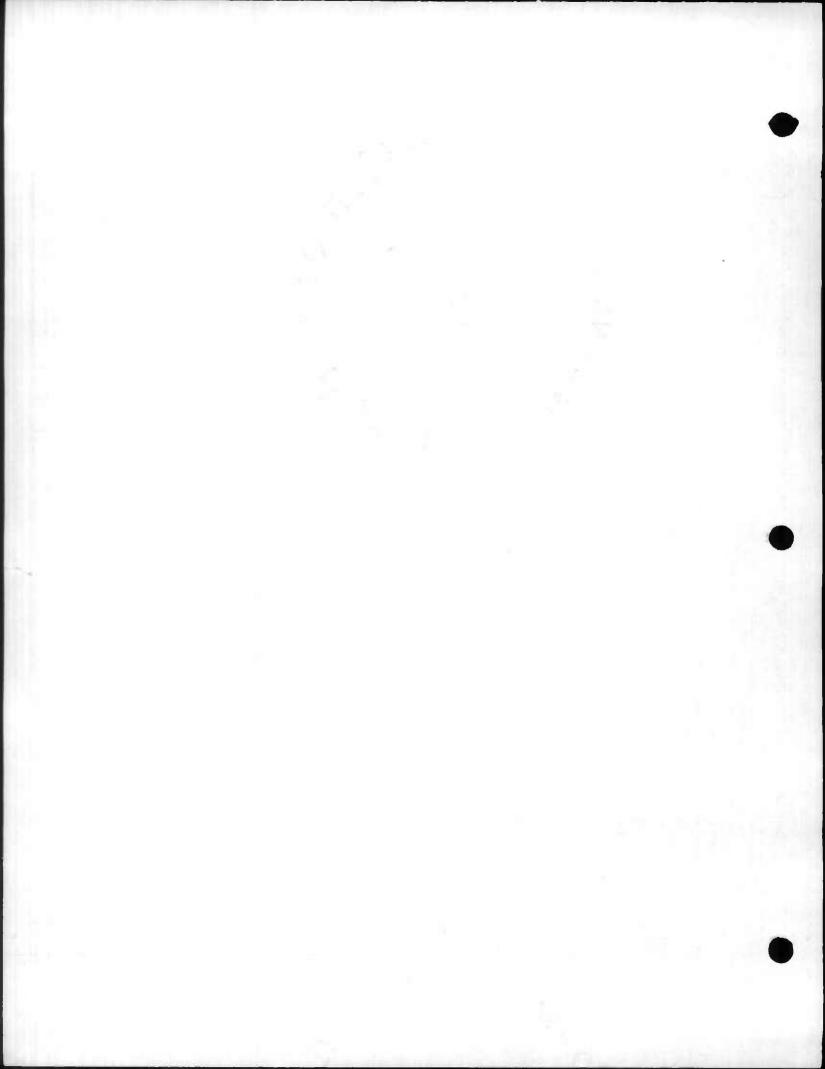
1X) Buriel 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or must Samples Manor Cemetery 4 Donation 6 Other (Specify) Samples Manor, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7606 Boonsboro Pike Douglas A. Fiery Boonsboro, Maryland Bast Funeral Home medical 23. PART i. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each lina intervai Batween Onset and Death IMMEDIATE CAUSE (Final DUE TO GER AS A CONSEQUENCE OF the Keens disease or condition_ Worland resulting in death) event. nu rumai traumatic CERTIFICATION Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST Injury, or PART ii. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE or item 23 shows any 1 YES 2 LANG OF DEATH? t YES 2 NO PHYSICIAN: 28. PLACE OF GEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 | YES 2 100 tlent 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 28e, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 60 6 Could not be determined COMPLETED 4 Homicide Item 28 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at like time, data and place, end due to the cause(s) end manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occured at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATÜRE AND TITLE OF/CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 38 SAMUEL HAN. MO

1185 Mt. Aetna Road

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

38 REGISTRAR'S SIGNATURE Fundage

Hagerstown, Maryland



ŀ	1. DECEDENT'S NAME (First, Middle, Last)	1114			77-1	- 1 - 1		2. DATE OF DEATH MONTH 2-12-	AY.	YEAR	TIME OF DEATH
		illiam		₹.		erhelo			-		7:20AM
	4. SOCIAL SECURITY NUMBER 120-32-8442	6. SEX	6. AGE (in yn	s. last birthday) 4 9 YRS.	MONTHS DA		R 24 HRS.	7. DATE OF BIRTN (Month, Day, Year) 1-4-19	40	Country)	MCE (State or Foreign
	Sa. FACILITY NAME (If not institution, give		ŀ	4 9 THS.	at arry so	WN OR LOCAT	1011 05 05			Y OF DEAT	York
-			ani to 1			Annapo	HOW INC.	SAIN	1717-1117-1117		del Coun
DIRECTOR	Anne arundel General G	ellerar no	spicai			ниар	71.12		Aine	AL UII	der cour
F	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR L	DCATION				10	d. INSIDE CITY LIMITS?
100		ne Arur	ndel		Anı	napol:			,		YES 2 NO
¥	10e. STREET AND NUMBER	land Va				10f. ZIP COD			10g. CITIZI		T COUNTRY?
FUNERAL	Bert Jabins E	12. WAS DECEDEN					1.403	VIC ORIGIN? (Specify Ye	1 or No. 1 1	US.	American Indian,
à l	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	YES 2	NO	If ye		en, Mexica	n, Puerto Ricen, etc.)	or No-		White
	15. DECEDENT'S EDI (Specify only highest grad		164	. DECEDENT'S	work done durin	PATION g most of work	ing	18b. KIND OF BU	SINESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5		Ille. Do NOT us	e retired.)			Mecha	nical	Co	ntracti
È .		1	1	lechan	ical						il Cl u C C l
	17. FATHER'S NAME (First, Middle, Last)	iam Est	onh - 1	a				ME (First, Middle, Melden	Surname)		
#	W 1 1 1 19a. INFORMANT'S NAME (Type/Print)	Tam ESU	ernel		ADDRESS (S)			a Vogt	yn State 7in f	Cordel	_
2	Joan M. Ester	held						Annapoli			1401
	20s. METNOD OF DISPOSITION			ACE AND DAT	E OF DISPOSI	TION (Name		DATE / 20c. LC	CATION - C	ity or Town,	State
	1 Buriel 2 Cremation 3 Rer 4 Donation 5 Office (Specify)	noval from State	- S'ME	tropo	TTHE	Cre	nato	ry2/5/9/ A1	exand	dria	, Va.
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	//			ME AND ADDR					
	* Leffry S.	aye	on		Тау	lor l	une	ral Chap	el Ar	nap	olis, A
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C		NSEQUENCE O							
CER	Country of Country Cross	d									+
MEDICAL	PART II. Other significant condition	ns contributing to	death but	not resulting	in the unde	rlying cause	given in		RMED?	AN CC OI	ERE AUTOPSY FINDI MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					6. PLACE OF	DEATH (Ch	neck only one)			
VSI(EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpatie	nt S 🗆 DOA	OTHER:	Home 5 🗆 F	Rasidence	8 Other (Specify)			U.
E	27. MANNER OF DEATH	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIN	JURY	c. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCC	URED	-, 1
2	1 Netural 5 Pending 2 Accident Investigation	2 12	1991	5:35	9	YES 2	√ NO	SUBJECT		N WA	
3	3 Suicide S Could not be 4 Homicide determined	building	, atc. (Specify)	At home, farm,	street, factory,	OTTICE		281. LOCATION (Street City or Town, State)		V-15-05.
	20- CERTIFIED	and the state of t	YARD	NATIONAL CONTRACTOR				BERT JAB			AKU, ANNE
COMPLET	need							e to the cause(a) and me time, date and piece, s			ARUNDEL A manner se state
TO BE (29b. SIGNATURE AND TITLE OF CENTIFI	-e Ynu	٤				CENSE NU	1	29d. DATE	SIGNED (M	fonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	s n. iec	Rou	- 11	PSA	N 9	5	Bourn	onsi	ND 3	21201
	FEB 1 4 1991	22. REGISTA	AR'S SIGNATE	IRE Lega							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

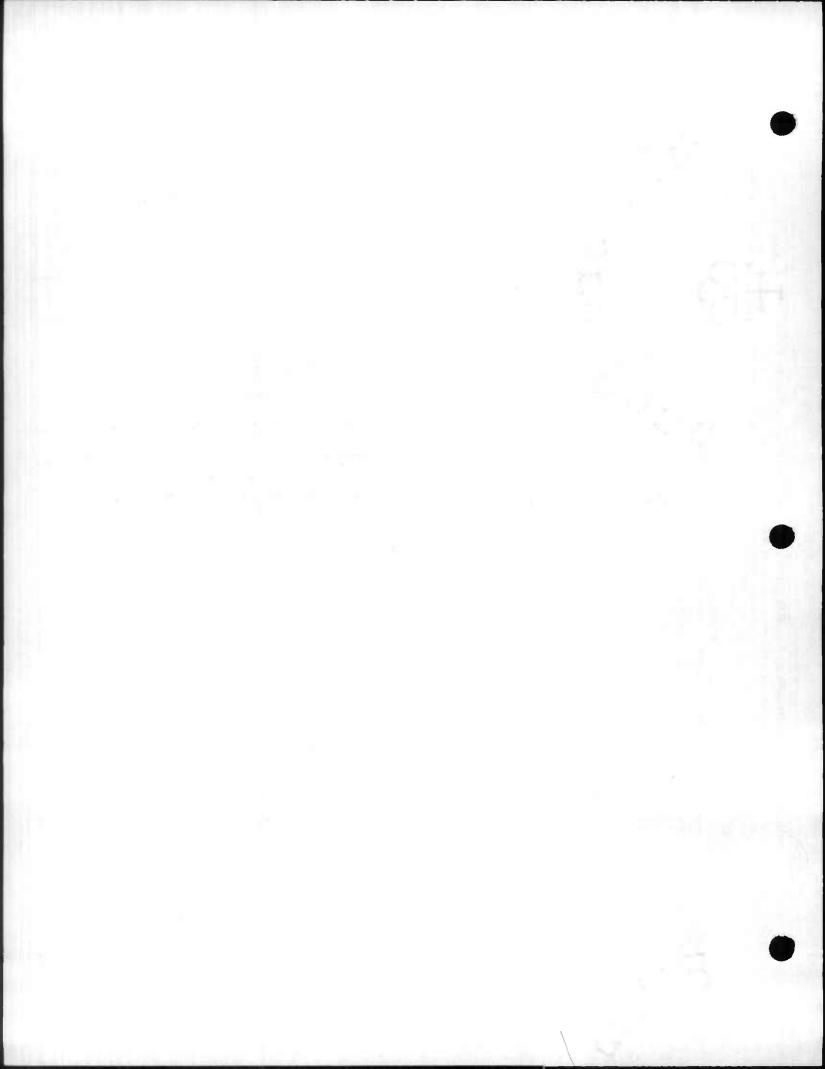
DHMH-18 Rev 1/89

for mond

mill. Page: 1. 2, 3 should

FOR 1 STATE STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE	F DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	K Fost	ER			2. DATE OF DEATH MONTH		YEAR	OF DEATH
	4. SOCIAL SECURITY NUMBER 218-86-6136	5. SEX 6. AGE (I	n yrs. last birthday) 24 YRS.	IF UNDER 1 YES		7. DATE OF BIRTH (Month, Day, Year) May 08, 1	966	6. BIRTHPLACE (S Country) Washin	oton, DC
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOV	VN OR LOCATION OF DI			TY OF DEATH	-
TOR	6945 Mayfair Terr			Lau	rel		Prin	ce Geor	ge's
EC	10a. STATE 10b. COUNT	r	10c. CIT	Y, TOWN OR LO	CATION			10d. INS	SIDE CITY
- DIR	Maryland Princ	ce George's]	Laurel			10 01711		IITS?
FUNERAL DIRECTOR	6945 Mayfair Teri	race			101. ZIP CODE 20707		U.S		ONTRY
B⊀	11. MARITAL STATUS 1. Arrival 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	3 NO	If yes	DECENDENT OF HISPAI I, apocify Cuban, Mexica YES 2500 Specif		or No-	14. RACE — Amer Black, White, Specify: Black	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUI	PATION most of working	16b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Unemplo	se retired.)	, most or working	N/A			
MO	17. FATHER'S NAME (First, Middle, Last)		Oricino	Jy Cu	18. MOTHER'S NA	ME (First, Middle, Maiden			
	Elzie Foster				Hattie	Houston			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str		Route Number, City or Tow	n, State, Zip	Code)	
2	Hattie Smith Fos	ster	6945 N	Marrfair	Torrace.	Laurel, M	arula	nd 207	07
	22010020		. PLACE OF DISPO		f cometery, crematory or			City or Town, State	
	20a. METHOD OF DISPOSITION Burler 2 Cremation 3 Ram Demation 5 Other (Specify)	oval from State	other place)	V. MEMI	ORTAL PAI	ST.	MILOT	TAP D MA	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI		1 /		E AND ADDRESS OF FA	KCILITY			
0	Summy (a Heal	Di	7474	Landover	J.B. Jen Road; Lan			
	23. PATT I, Enter the diseases, or ahock, or been fellure. IMMEDIATE CAUSE (Final disease or condition	List only one couse on e				ch ea cerdlec or reep	iratory arr	In	pproximate iterval Between neet end Deeth
	reaulting in death)	a. DUE TO (OR AS A	CONSEQUENCE	1 700 0F1:	reare				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	CONSEQUENCE C	OF):					
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	CONSEQUENCE C						
RTIF	that initiated events resulting in death) LAST	d	CONSEQUENCE	ЭР-}: 					
2	PART II. Other algnificant condition	ne contributing to death h	uit not regulting	In the under	hilpa sausa alima Is	Part I. 24s. WAS A	ALITODEV	24h WERE A	AUTOPSY FINDINGS
EDICAL	PART II. Other alignificant condition	na contributing to deeth t	out not resulting	in the under	lying couse given in	PERFO		AWAILAE	BLE PRIOR TO ETION OF CAUSE
ă						1 □ YES	2 🗌 NO	OF DEA	TH?
Σ								1 🗆 YI	ES 2 NO
Z		T							
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	heck only one)			
PHYSICIAN:	1 TYES 2 NO	1 Inpetient 2 ER/Out	r = 10	1	Home 5 Residence				
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	WORK?	28d. DEŞCRIBE HOW	INJURY OC	CURED	
ΒY	2 Accident Investigation				YES 2 NO				
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	r — At home, farm, cffy)	, street, factory,	office	281. LOCATION (Street City or Town, State		r or Hural Houte Nu	mber,
Ä	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	rledge, death occur	rred at the time	deta and place, and du	a to the cause(s) and m	anner as ata	ted.	
OME	(Orack Oray	ER: On the basis of examination							nanner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFU	115 m)			29c. LICENSE NO	IMBER	29d. DAT	E SIGNED (Month,	Day, Year)
5	20 NAME AND ADDRESS OF PERSONS	O COMPLETED CALLS	ATU IITOM	Defent	2178	5/5	1 ox	18/9/	
,-	20. NAME AND ADDRESS OF PERSON W	1.D. 1430	n n	lant	fox Ln	, Bow	16,1	40.20	7/5
	FEB 11 '91	12. REGISTRAR'S, SIGN	NATURE INCLUSE						



OHMH-16 Rev 1/89

111 Penn Street, Baltimore, MD 21201

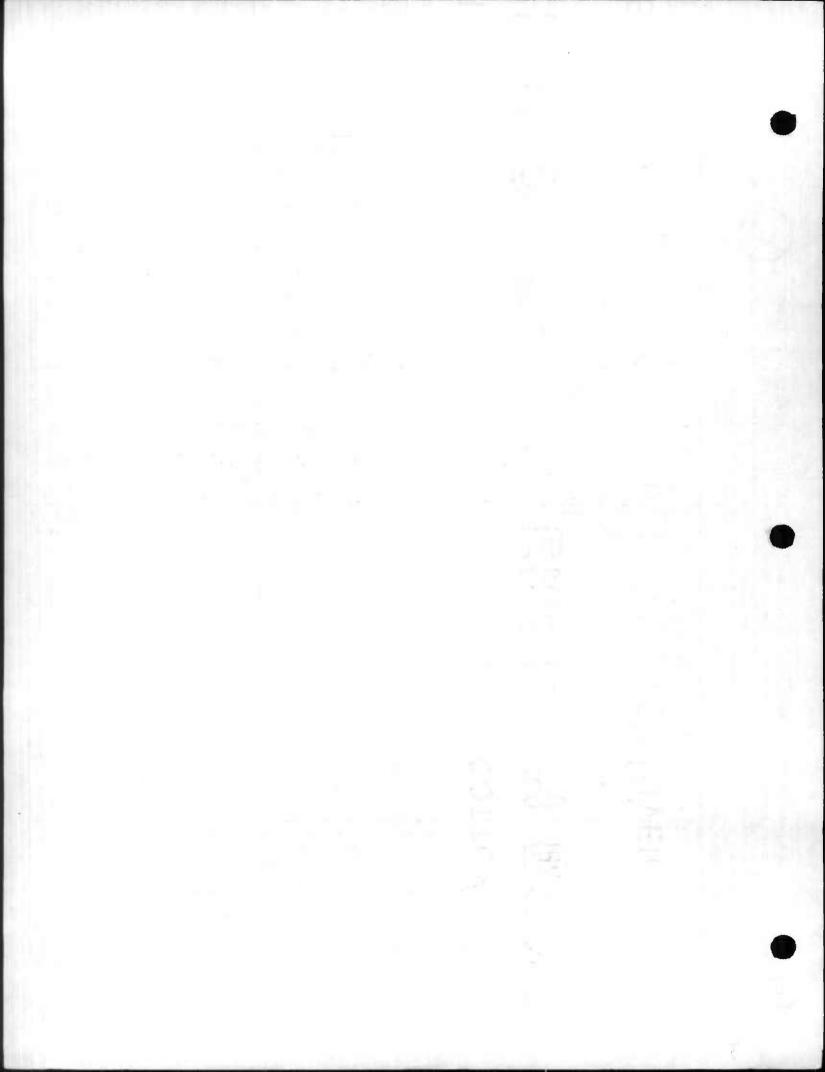
	1. DECEDENT'S NAME	(First, Middle, Last) Jam		W.		Franc	is	2. DATE OF DEATH MONTH 2-4-91	DAY	YEAR	3. TIME OF DEATH 4:30PM
	4. SOCIAL SECURITY 577-03-93	NUMBER	5. SEX 1 X M 2 F	8. AGE (In yrs. 84		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year NOV 4,)	Count	HPLACE (State or Form
DIRECTOR	98. FACILITY NAME (II Prince Ge RESIDENCE OF		eneral Ho	spital	10c. CITY		N OR LOCATION OF D		9c. COU	INTY OF I	
	Maryland	Prin	ice George	e's		ttsvi1	.1e				LIMITS?
FUNERAL	7706 Fred		Road				20784		(2.7)	S.A.	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 3 Widowed 4	2 Merried Divorced		NT EVER IN U.S. I YES 2 [MAR OR DATES		If yes,	DECENCENT OF HISPA , specify Cuben, Mexico YES 2X NO Speci	an, Puerto Rican, etc.	Yes or No-	14. RAC	
COMPLETED	(Speci	DECEDENT'S ED by only highest grad	College (1-4 or 5	+)	ille. Do NOT use	ork done during retired.)	most of working	18b. KIND OF	BUSINESS/IN	DUSTRY	White
BE COMPI	12th Grad 17. FATHER'S NAME (F) George Wa	irst, Middle, Last)	None on Francis		sistan	t Cash	- V	Insura		ompa	ny
TO BE	19a, INFORMANT'S NA Thelma M. 20a, METHOD OF DISP 1 Å) Burlel 2 □ Cre	Franci		20b. PLA		rederi		Hyattsvil		aryl.	and 2078 Town, State
	21. SIGNATURE OF FU	NERAL SERVICE L	LICENSEE			22. NAMI	E AND ADDRESS OF FA	CILITY			Maryland
	23. PASTET. Enter t	he diseases, or or heart fallure (Final	r complications the List only one ce	at caused the	daeth. Do n	Fran 4739 ot anter the		's Sons I e Ave. Hy	unera:	l Ho	me, P.A.
ERTIFICATION	23. PAST f. Enter t shock, IMPEDIATE CAUSE	he diseases, or or heart failure (Final on)	a. Multipl DUE TO DUE TO	e inju	daeth. Do nina. PICS SEQUENCE OF	22. NAME Fran 4739 ot anter the	cis Gasch Baltimor	's Sons I e Ave. Hy	unera:	l Ho	me, P.A. Md. 207 Approximatinterval Bet
MEDICAL CERTIFICATION	23. PAST f. Entar t shock, in EDIATE CAUSE loses or conditions and the second state of any, leading to it cause. Enter UNDE CAUSE (Disease on that initiated event resulting in death)	he diseases, or or heart failure (Final on)	a. Multipl DUE TO C. DUE TO d	et caused the use on aach I e inju o (or as a con o (or as a con	daeth. Do nina. TIES SEQUENCE OF	22. NAME Fran 4739 ot anter the	e and address of Facis Gasch Baltimor	's Sons I e Ave. Hy	unera:	l Hon	me, P.A. Md. 207 Approximatinterval Bet
MEDICAL CERTIFICATION	23. PAST f. Entar t shock, IMPEDIATE CAUSE (Issues or conditions of the cause of the cause. Enter UNDE CAUSE (Disease of that initiated event resulting in death) PART II. Other elgits of the cause of	he diseases, or or heart fallure (Final on bonditions, mmediate RELYING r injury start to medical conditions)	DUE TO DUE TO A MOSPITAL: 1 Inpatient 22	at caused the use on each I	daeth. Do nina. PICS ISEQUENCE OF ISEQUENCE OF	22. NAME Fran 4739 ot anter the	E AND ADDRESS OF F. CIS Gasch Baltimor moda of dying, such ying cause given in	Part I. 24a. WALLEY 1 Part I. 24a. WALLEY 2 Per XX YE 2 heck only one)	SAN AUTOPSY FORMED? S 2 \(\) NO	1 Hotille	Me, P.A. Md. 207 Approximat Interval Bet Onset and Ons
YSICIAN: MEDICAL CERTIFICATION	23. PAST f. Entar t shock, IMPEDIATE CAUSE (Issues or conditions of the cause of the cause. Enter UNDE CAUSE (Disease of that initiated event resulting in death) PART II. Other elginology of the cause of the caus	he diseases, or or heart fallure (Final on bonditions, mmediate RELYING r injury start to medical conditions)	DUE TO a. Multipl DUE TO b. DUE TO d. DUE TO d. DUE TO 28e. DATE 0 2 - 4	at caused the use on each I e inju o (or as a con o (or as a con o death but no	daeth. Do nina. ries sequence of sequence of	22. NAME Fran 4739 ot anter the 39: in the underly 21: OTHER: 4 □ Nursing 12: LOY 28c.	E AND ADDRESS OF F. CIS Gasch Baltimor moda of dying, suc	Part I. 24a. WAPER XX YES	SAN AUTOPSY IFORMED? S 2 NO	1 Hotille	Me, P.A. Md. 207 Approximat Interval Bet Onset and Ons
MEDICAL CERTIFICATION	23. PAST f. Entar to shock, in Educate CAUSE in ease or conditions ultimated in death) Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other significant in the cause in	he diseases, or or heart failure (Final on) anditiona, mmediata ERLYING Injury SLAST RED TO MEDICAL O	Tomplications the List only one can a. Multiple DUE TO be To c. DUE TO c. D	at caused the use on each I e inju o (or as a con o (or as a con o death but no	daeth. Do nina. ries sequence of sequence of tresulting i	22. NAME Fran 4739 ot anter the 3739 ot anter the 3739 ot anter the 4739 ot anter th	E AND ADDRESS OF F. CIS Gasch Baltimor moda of dying, such ying cause given in B. PLACE OF DEATH (C Home 5 Residence INJURY AT WORK? YES 2 WO	Part I. 24a. WAPER XX YES Abeck only one) 6 □ Other (Specify) 26d. DESCRIBE H Pedestr 281. LOCATION (SI Rt. City of 25%)	SAN AUTOPSY IFORMED? S 2 NO DW INJURY OF CIAN STREET and Number 1869; Garris	1 Hotille ille meat, 24 ccure truc:	Me, P.A. Md. 207 Approximatinterval Bet Onset and Interval Bet Ons

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print)
ANN M. DIXON, MD
111 Penr

Lulia Davidson

31. DATE FILED (Month, Day, Year)
FEB 11 '91





BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

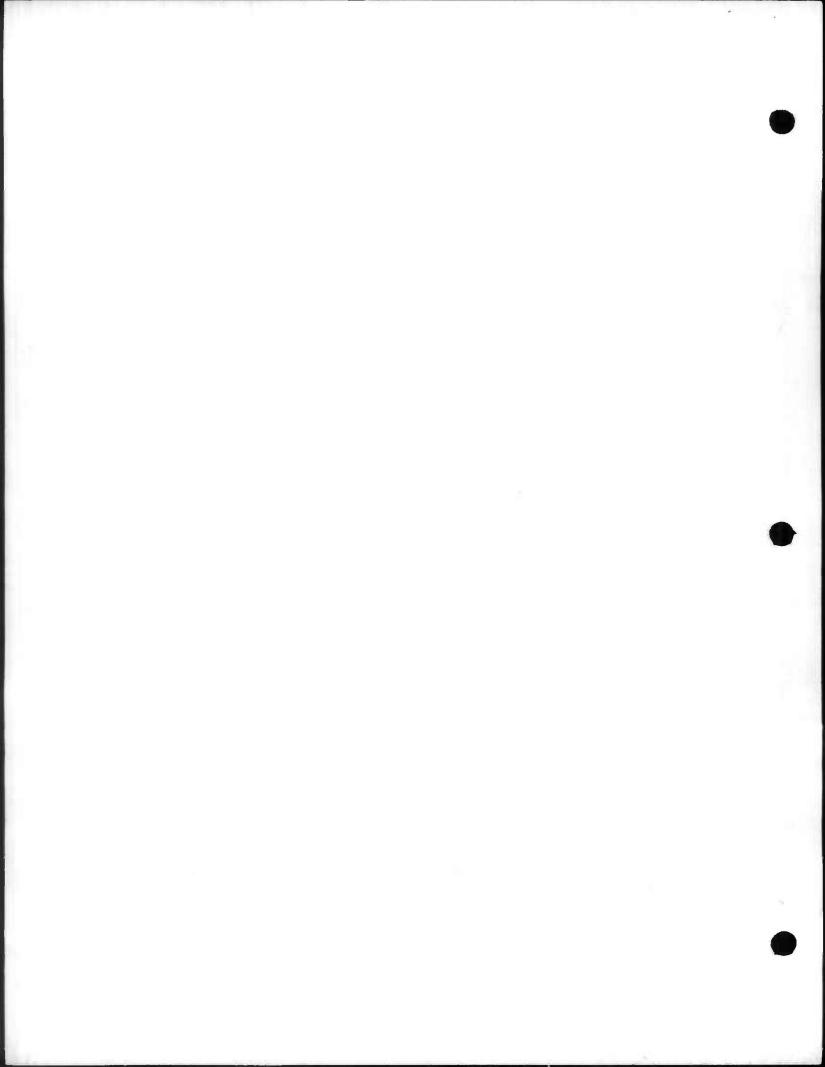
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x curs after death. Page 6 may be retained by the hospital of THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE O	OF DEATH DA		YEAR	3. TIME OF DEA	TH
JESSE EDWA	RD FOW	LER							00 00 0000					AM
4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In y	rs. last birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE C			B. BIRTH	PLACE (State or F	oreign
248-54-140	1	1 M 2 - F	52	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) -10-38		SOLIT	h Carol	ina
9a. FACILITY NAME (If not in	stitution, give s	reet and number)			96. CIT	Y, TOWN	OR LOCATIO	ON OF DE		10 30	9c. COU	NTY OF O		THA
MALCOLM GROW		MEDICAL	CENTE	R	ANI	DREW	S_AFE	,MD			PRIN	VCE C	GEORGES	
RESIDENCE OF DEC	10b. COUNTY	,		10c, CI	TY, TOWN	OR LOCAL	TION						10d. INSIDE CIT	Y
Maryland		arles		1,000 07									LIMITS?	
10e, STREET AND NUMBER		arres			We	aldo	I. I. I. ZIP CODE				40- 017	751 05 1	1 VES 2 WHAT COUNTRY?	NO
		Dood				"					_			
6300 Jose	prime i			T section.			206						States	
11. MARITAL STATUS 1 Never Merried 2 X	Married	12. WAS DECEDEN	YES :	2 NO					n, Puerto R	? (Specify Yes lican, etc.)	or No-	14. RACE	E — American Ind k, Whita, etc.	lan,
3 Widowed 4 Divo		IF YES, GIVE \	WAR OR OATE	S		1 TYES	2 XNO	Specify	y:			Speci	Black	
	EDENT'S EDU		16	Give kind of	Work done	CCUPATIO	ON ost of worldn	ıa		KIND OF BUS				
Elamentary/Secondary (College (1-4 or 6		Ille. Do NOT t	use retired.))				nited			Vavy	
		4 years	E	lectri	<u>cian</u>	& R	etire	ed M	il ta	ry En	liste	ed_		
17. FATHER'S NAME (First, M	fiddle, Last)						18. MOTH	IER'S NA	ME (First, M	liddle, Maiden	Surname)			
Jesse			Fo	wler			Be	ertha	3	Wo	orkma	an	(unknow	n)
19a, INFORMANT'S NAME (Type/Print)		(wife)	19b, MAILIN	G ADDRES	S (Street	and Number	or Aural	Route Numb	er, City or Tow	n, State, Zi	p Code)	(/
Barbara Luc		rott Fow							Wald	orf, N				
20a. METHOD OF DISPOSIT 1 X Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Ram	oval from Stata	00	tace of dispondent place)					rv	100			_{own, State} Marylan	d
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE					ND ADDRE		CILITY					
Shull.	Calvies	109			38	831 (Georg	ria A					1 Home C. 2001	1
23. PART I. Enter the d	liseasea, or o	complications the	t csuaad ti	na daath. Do									Approxim	
shock, or h	eart fallure.	List only one ca											Interval I	Between
IMMEDIATE CAUSE (Fit disease or condition													Onset sn	d Desth
resulting in death)	→	. HUMAN I				Y SYI	NDROM	Œ						
		DISSEMI		MYCOR		MITC	A 37 T A	MC T	א סייזא ז	CELLII	ADTO	2		
Sequentially list condit	lone C	b				XION	AVIA	11479	F14 T 1/V4	CELLUI	JANT	,		
If any, leading to imme	diate	DUE TO	OR AS A CO	ONSEQUENCE (DF):									
cause. Entar UNDERLY CAUSE (Disease or Inju		c												
that initiated events		DUE TO	(OR AS A C	ONSEQUENCE (OF):								l	
resulting in death) LAS	" L	d												
PART II. Other significa	ant condition	e contribution to	death but	not requising	In the u	on el antivita		ulvian la	Dord I	24a. WAS AN	ALITOROV	Lan	b. WERE AUTOPSY	PHONIOS
PART II. Othar significa	unit condition	is continuating to	oeath but	not resulting	in the u	muonym	ig cause i	Stager In	Part I.	PERFO		240	AVAILABLE PRIOR	R TO
									- 1	1 TYES	NO X	- 1	COMPLETION DF OF DEATH?	CAUSE
													1 YES 2	NO
25. WAS CASE REFERRED T	TO MEDICAL						LACE OF D	EATH (C	neck only on	9)				
EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpati	ent 3 DOA	OTHE		ne 5 🗆 Re	sidence	6 🗆 Other	r (Specify)				
27. MANNER OF DEATH		28a. DATE O	FINJURY	28b, TI	ME OF	28c. IN	JURY AT			CRIBE HOW	NJURY O	CCURED		
1 📉 Natural 5 🗌	Pending	(Month,	Day, Year)	18	NJURY		ORK? YES 2	NO						
2 Accident	Investigation	28e, PLACE	OF INJURY	At home, term	. street fe				28t. LOC	ATION (Street	and Numb	or or Rural	Route Number.	
3 Suicide 6 4 Homicide	Could not be determined	building	, etc. (Specify))	,	,,				or Town, State		un i turi dili		
one)		ICIAN: To the beet of											(a) and	mana - d
Z MEC	TOAL EXAMINE	ER: On the basis of	examination a	nu/or investigat	non, in my	opinion,	Geath occu	of the Der	time, date	and place, a	nd due to	Ine cause(and manner as	scated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	10	17				29c. LIC	ENSE NU	MBER				D (Month, Day, Yea	r)
Olon	V W	EKI	11	alls	1						▶ 0	2-01	-91	
30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CA	SE OF DEAT	H (ITEM 27) (7)	on Print)	3/43	COTT	OD	NI 110	A 373 - 3 4 7 7 7	T C 4 -	-	·MTD	
TONI C. LA							REME	AFI	s, MB	AF MEI 2033	(=5 <u>3</u> (10 CEN	TER	
31. DATE FILEO (Mare, Bry	13 9	32. REGISTS	ARIS SIGNAT	rason-pa	ndell									



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

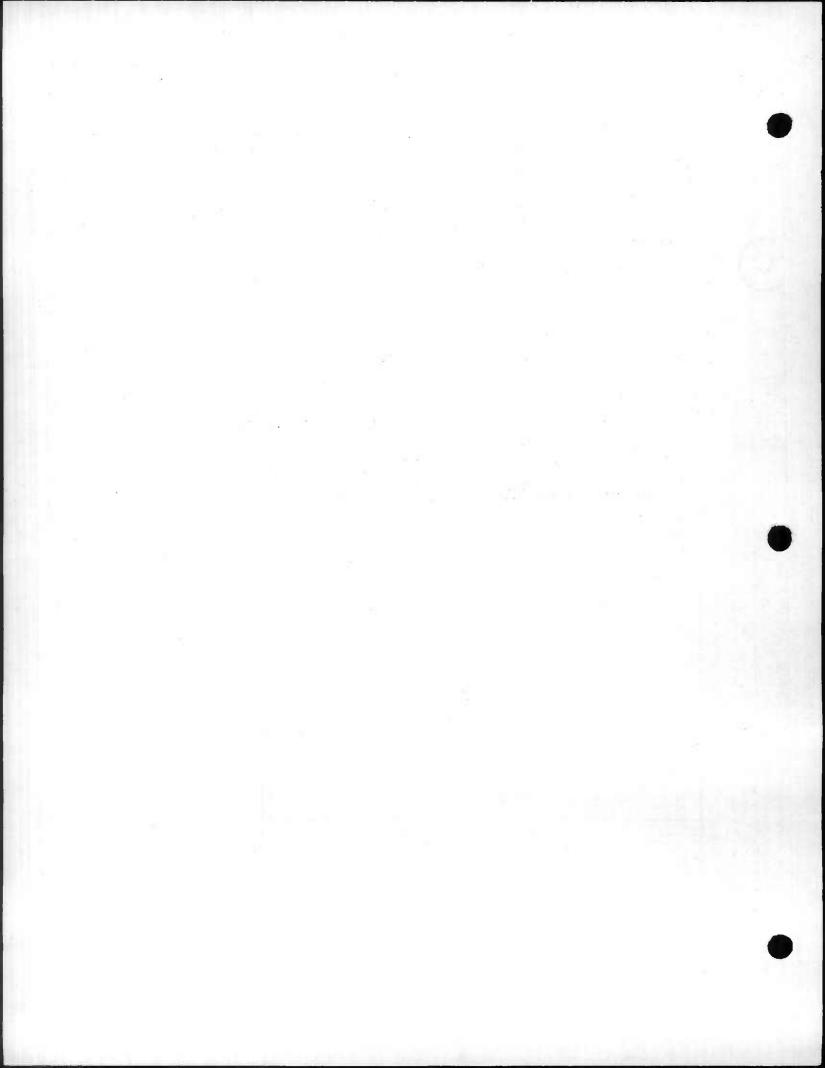
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERTIF	ICATE OF	DEATH	RI	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY		3. TIME OF DEATH
FRANCES			FERTI	TTA		FEB.	10	1991	6:30
4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. i	est birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		8. BIRT	HPLACE (State or Foreign
214-18-9130	1 M 2 F	103	YRS.	MONTHS DAYS	HOURS MIN.	MAR. 9	, 1887		TALY
9a. FACILITY NAME (If not institution, give					OR LOCATION OF D	EATH	9c. C	OUNTY OF I	
908 KATHLEEN TEI	RRACE			SALIS	BURY			WICO	MICO
10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR LOCA	TION			-	10d. INSIDE CITY
MARYLAND W	ICOMICO			SALISBU	RY				LIMITS?
10e. STREET AND NUMBER				10	1. ZIP CODE		10g. (CITIZEN OF	WHAT COUNTRY?
908 KATHLEEN TEI	RRACE				2180	1		USA	
II. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED		CENDENT OF HISPA			- 14. RAC	E - American Indian, ck, White, atc.
Never Married 2 Merried Widowed 4 Divorced	FORCES? 1	R OR DATES	X		S 2 NO Specific		, etc.)	Spec	
15. DECEDENT'S ED	UCATION	16a. E	ECEDENT'S	USUAL OCCUPAT	ON	16b. KINI	D OF BUSINESS/	INDUSTRY	WILLE
(Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5+)	- ú	Give kind of the Do NOT us	work done during m se retired.)	ost of working				
3 YEARS	NO			NONE			NONE		
7. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle	, Maiden Sumame	o)	
UNKNOWN					U	NKNOWN			
9e. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADDRESS (Street	and Number or Rural	Route Number, C	Ity or Town, State,	Zip Code)	
DORIS KRIEGER-GI	RAND DAUGHT	TER	908 I	KATHLEEN	TER, SA	LISBURY	, MD	21801	
0e. METHOD OF DISPOSITION 2	/13/91	20b. PLAC other	E OF DISPO	SITION (Name of ce	metery, cremetory or		20c. LOCATION	- City or T	own, State
☐ Donellon 8 ☐ Other (Specify)	mover from State			EDRAL CE	METERY		BALTI	MORE,	MD
1. SIGNATURE OF FUNERAL SERVICE	ICENSEE			HOLLE	WAY FUNE	RAT. HON	Æ.PA		
1/Jetm 1	to Ollows	211			NOW HILL		,	MD	21801
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (0	PR AS A CONS	OUENCE O	Les Les	at So	lailer	2		
PART II. Other significant conditi-	d.	eath but not	regulting	In the underlyis	og cause glyen la	Part I 24a	. WAS AN AUTOP	8v 24	b. WERE AUTOPSY FINDS
THE THE OWNER OF THE PERSON OF	one contributing to c	oath but not	resulting	m the underlyn	ig cause given in		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS
		14				10	YES 2 NO		OF DEATH?
		-	•			—			1 YES 2 NO
15. WAS CASE REFERRED TO MEDICAL	1				LACE OF DEATH (C)				
EXAMINER?	HOSPITAL:			OTHER:					
1 TYES 2 E-ND	1 ☐ Inpatient 2 ☐ I		3 U DOA 286. TIN		ne 5 🗆 Residenca		ecity) BE HOW INJURY	OCCUPED	
1 Netural 5 Pending	(Month, Day,			JURY W	ORK? YES 2 NO	200. DESCRIE	DE NOW INJURY	OCCORED	
2 Accident Investigation 3 Suicide 8 Could not b	28a PLACE OF	INJURY — AL	home, ferm.	street, factory, offi		28f. LOCATIO	N (Street and Nun	nher or Rumi	I Boute Number
4 Homicide 8 Could not b	• building, at	c. (Specify)		,			wn, State)		,
TOTIOCK OTHY	SICIAN: To the best of m								(s) and manner sa state
296. SIGNATURE AND TITLE OF CERTIF	ÍER /				29c, LICENSE NU	MBER S7-5	g 29d. (DATE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAUSE	DE DEATH #3	EM 27 /5-	Print)	11/2	124		-/	1911
William Robins	M.O. 1104	1 Heal	th wa	14 Dr S	nlisbur	u. m	0 218	101	
11. DATE FILED (Month, Den 1687)	91 32. REGISTRAR	6 SIGNATURE	Jan 76	2md 92		1			
alla 177	70	- www	4001-1	willowa					

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ____cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

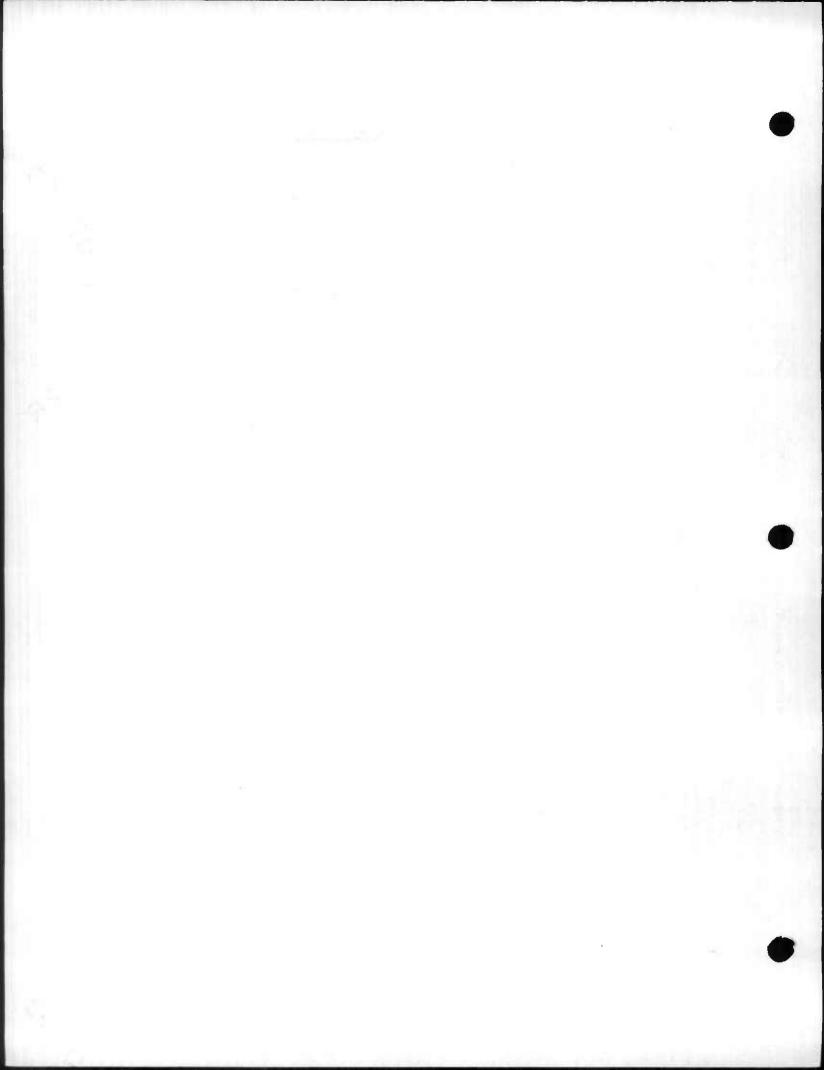
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21263-3146	are death. Page 6 may be intained by the hospital or attention physician.	the funeral director, page 5 should be devicted for the at the burial-transit permit. Pages 1, 2, 3 should want	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cours after least. Page is may be missing by the function physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tunnent director, page 5 should be determed to buffal-transit permit. Pages 1, 2, 3 should have determed by the horizon of Health and Mental Hygiene prior to buffal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

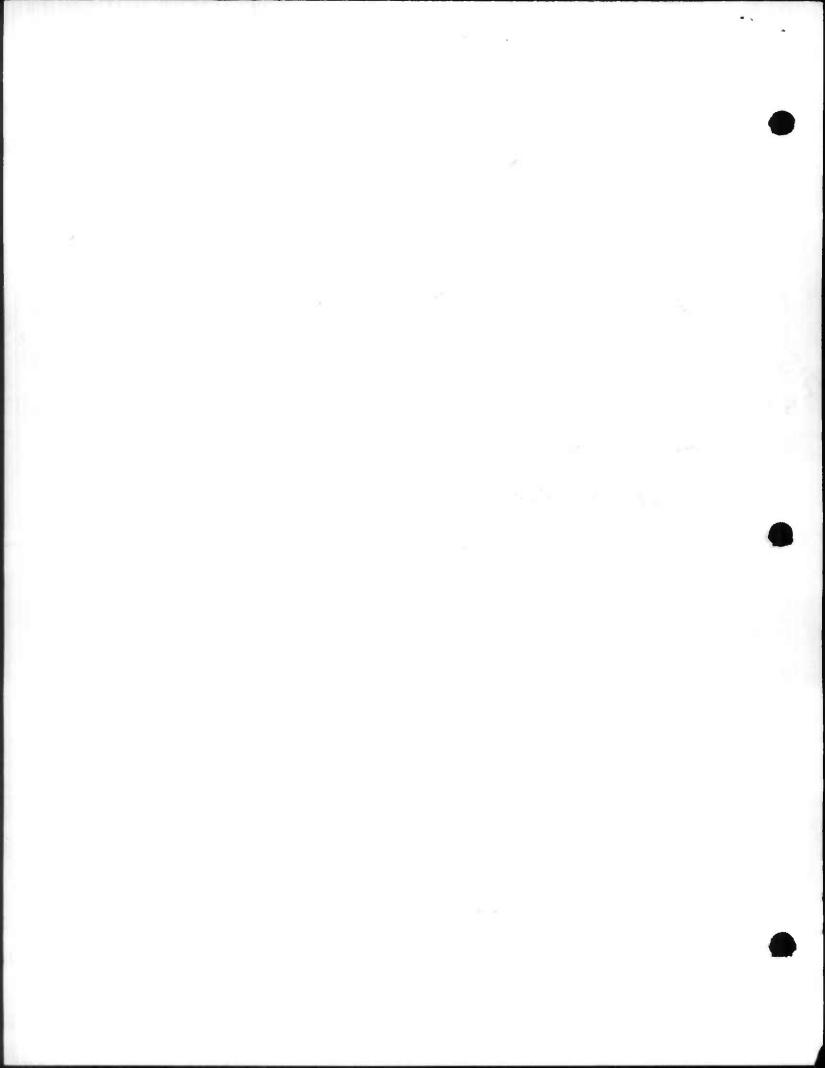
1	FOR STATE STATE	TATE OF MARYLAN	D / DEPARTA			MENTAL HYGIENE REG. NO.		00203	
	1. DECEDENT'S NAME (First, Middle, Lest)	1	Ferbe	2		2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF OEATH	
	Altonza	Lee	10.20			Francon 1		COOPM	
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (In y		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTLE (Month, Day, Ybar)	8. BIRTI	IPLACE (State or Foreign	
	225-16-9050 1	M2 □ F X9	YRS.	ONTHS DAYS	HOURS MIN.	4-8-190		rituck, N.C	
	9s. FACILITY NAME (If not institution, give street a		9		R LOCATION OF DE	ATH	9c. COUNTY OF		
8 B	PENINSULA GENERAL	HOSPITAL		SAL	ISBURY		WICON	1ICO	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE / 10b, COUNTY		I soc City, 1	TOWN OR LOCATI	ON	1		10d. INSIDE CITY	
E I	-md 111	harle-	1,1	1. 1	1/2 -	m		LIMITS?	
	10e. STREET AND NUMBER	nester	101	101.	ZIP CODE	1101 -	10g. CITIZEN OF	WNAT COUNTRY?	
RA	11842 Steam 11	M.11 H:11 Rd	/	1	21872	2	11.5	.A.	
FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U		13. WAS DECI	NOENT OF HISPAN	IC ORIGIN? (Specify Yes	or No.— 14. RAC	E — American Indian,	
	1 - Head metted 5 50 metted	FORCES? 1 YES	2 DATO	If yes, spe	city Cubar, Mexicar 2 NO Specify	n, Puerto Rican, etc.)	Spec	ok, White, stc.	
ğ	3 Widowed 4 Divorced	. 111.00 110.00 420						151K	
COMPLETED	15. DECEDENT'S EOUCATIO (Specify only highest grade comp	ON 16 bleted)	Sa. OECEDENT'S US (Give kind of wor	k done during mos	N t of working	16b. KINO OF BUS	INESS/INDUSTRY	Wholeysville	
91	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	Mu. Do NOT use I			1	0 1	1 my	
₩.	Elem.		10	borer		Cropper	Dro. 14	mber mill	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Meiden	Sumame)		
8	Charles terb	ee	1			cona 1	erhee	2	
2	188 PORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number ochurel F	Route Number, City or Town	, State, Zip Code)	Ila nal	
7	Lorthy rerbee	,	11872	- 5tec	um Mill	Hill Kd.	Whale	Knile Irac.	
	20 METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal		LACE OF DISPOSIT	ION (Name of cen	etery, crematory or	20c. LO	CATION - City on	own, State	
	4 Donation 5 Other (Specify)	- /u	HETTS C	PUTCH	Lemetar D ADDRESS OF FA	y WA	NEYSHII	P, 11/a.	
	21. SIGNATORE OF THE STATE OF T	1		WA	TSON FU	NERALIHO	me.		
	Ser 10	4		Wes	+ Rd.	So-lisbury	md. 21	1001	
	23. PART I. Enter the diseeses, or company ahock, or heart fellure. List			t enter the mo	de of dying, suc	h as cerdlec or respi	ratory arrest,	Approximata interval Between	
	IMMEDIATE CAUSE (Final	1						Onset and Death	
	disease or condition resulting in death) a	ase or condition							
		DUE TO (OR AS A C	ONSEQUENCE OF):						
Z	Sequentially list conditions, b	Kerlo	e e	ance	7				
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSECUENCE OF):						
5	CAUSE (Disease or Injury C. —	DUE TO (OR AS A C	ONSEQUENCE OF:	many					
E	that initiated events resulting in death) LAST								
CERTIFICATION	d								
	PART II. Other aignificant conditions co	ontributing to death but	not resulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
2						1 _ YES 2	□ NO	COMPLETION OF CAUSE OF DEATN?	
ME								1 YES 2 NO	
PHYSICIAN: MEDICAL									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	1	26. PI OTHER:	ACE OF DEATH (Ch	eck only one)			
YSI		☐ Inpetient 2 ☐ ER/Outpet			e 5 🗆 Residence	6 Other (Specify)			
F	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ	URY AT	28d. DEŞCRIBE NOW I	NJURY OCCURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
	3 Suicide 6 Could not be	28s. PLACE OF INJURY — building, etc. (Specif)	- At home, farm, sti	reet, factory, offic	•	281. LOCATION (Street City or Town, State)	and Number or Rura	I Route Number,	
E	4 Nomicide determined								
3 Suicide 4 Nomicide 6 Could not be determined Duilding, etc. (Specify) 20a. CERTIFIER (Check only orne) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner sets.									
								e(s) and manner se stated.	
	296. SIGNATURE AND TITLE OF CERTIFIED	9			29c. LICENSE NU	MBER	29d. DATE SIGNI	EO (Month, Day, Year)	
) BE	and notice	wy			029	349	D 3/1	491	
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, I	Print)	111 -	/ /	-11	1	
	Teninsula beneal	- Medical (nte -	- larro	ll Sh	vet -	Salarbu	vy Mdi	
ار	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE					/	
3	FEB 1 5 '91 Julia Savidson-Randalle								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a course of the first of the property of the second o

COMPLETED BY FUNERAL DIRECTOR
TO BE
CERTIFICATION
MEDICAL

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA					MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) MOLLIE W.	FLOR	A					2. DATE O	F DEATH	19		1:55 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. lest birthde)			IF UNDER		7. DATE O	F BIRTH Day, Year)	0.	BIRTHPL Country)	ACE (State or Foreign
	226-22-1226	1 🗌 M 2 🔀 F	83 YRS.	MONTHS	DAYS	HOURS	MIN.		21-07		**	V.Carolina
	9e. FACILITY NAME (If not institution, give str			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							тн	
5	Berlin Nursing	g Home		Berlin Worcester							ter	
DIRECTOR	10e. STATE 10b. COUNTY		10c. C	NWOT ,YTE	OR LOCATI	ION					1	0d. INSIDE CITY LIMITS?
										YES 2 NO		
BY FUNEHAL	10e. STREET AND NUMBER				10f.	ZIP CODE	E			10g. CITIZE	N OF WH	AT COUNTRY?
N I	Rt. 3 Box 13	12. WAS DECEDENT EVER	IN 11 S ADMED	12	WAS DECI	218		IIC OBIGINS	(Specify Yes	USA	DACE -	- American Indian,
2	1 Never Married 2 Married	FORCES? 1 YES	3 2 NO	13.	If yea, spe	city Cuba	n, Maxica	n, Puarto Ri	ican, etc.)	0, 100	Black, Specify:	White, atc.
	3 Wildowed 4 Divorced					-						White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT	of work done use retired.)	CCUPATIO during mos	N at of workin	ng .	16b.	KINO OF BUS	INESS/INDUS	STRY	
7	Elamentary/Secondary (0-12)	College (1-4 or 5+)		Home								
5	17. FATHER'S NAME (First, Middle, Last)		AU	HOME		16. MOT	HER'S NA	ME (First, M	iddie, Meiden	Surname)		
מב	George Andrew	w Woodard				ľ	Mart]	ha Pa	t Wood	dard		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRES	S (Street a	nd Number	or Rural I	Route Numb	er, City or Town	n, State, Zip C	ode)	
	Julian Lewark							lfo S	pring			
1123	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Camo	oval from State	0b. PLACE OF DISF other place)				,			CATION — CH		1.000
	Donation 6 Other (Specify)	ENSEE 9 /	Powells	PO111	NAME AN	OTISI D ADDRE	SS OF FA	<u>Cerr</u>	etery	POW	vеття	s Pt., N.C.
	· John G	Illu			U11:	rich	Fun	eral	Home	Ber1	in,	Md., 21811
\neg	23. PART I. Entar the diseases, or cahock, or heart failure. L			o not anta	r tha mo	da of dy	Ing, auc	h aa card	ac or reapl	ratory arres	st,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final	_	,									Oneat and Death
	disease or condition reaulting in death)	Pneumon	1a A CONSEQUENCE	OF								-
- 1		Senilit		: OFJ.								j
CERTIFICATION	Sequantially list conditions, if any, leading to immediate		A CONSEQUENCE	OF):								
5	cause. Entar UNDERLYING CAUSE (Disease or Injury	Age	A CONSEQUENCE									
‡	that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	: OF):								į
3		i									_	+
N N	PART II. Other algolificant condition	e contributing to death	but not resulting	ng in the u	ndariyin	g causa :	given in	Part I.	24a. WAS AN PERFOR		1 3	WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								- 1	1 YES 2	□ NO	'	OF DEATH?
								-				1 - YES 2 - NO
A N	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF D	EATH (Ch	eck only on	9)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utpatiant 3 🗆 DO	OTHE		6 5 🗆 R	esidence	6 🗆 Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 26b.	TIME OF	28c. INJ WO	URY AT		26d. DE\$	CRIBE HOW I	NJURY OCCU	IREO	
B	14 Natural 5 Pending 2 Accident investigation	00 - 01 005 05 DV	PM 44.5 4.5	M		YES 2	NO		T1011 (0		. 0	a North
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	pecify)	m, street, fa	стогу, опте	•			ATION (Street or Town, State)		r Hurai Ho	ute Number,
3 Suicide 6 Could not be detarmined Duilding, etc. (Specify) City or Rown, State) 29a. CERTIFIER (Check only 0ne) City or Rown												
2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as ata								and menner sa stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D0 2026 29d. DATE SIGNED (Month, Day, Year)												
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 27)	Type. Print							-	
	Federico G. Ar	thes, M.D.,	10622A	Ocea	n Pi	nes,	Ber	lin,	MD 21	811		
اسع	FEB 1 9 91 Suna Navydson-Mandela.											



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	
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	1	FOR STATE REGISTRAR	STATE OF MARYL			ENT OF H			YGIENE J	03211
		1. DECEDENT'S NAME (First, Middle, Jack)	to con	00	44			Peb.	1 ⁰ 2 199	3. TIME OF DEATH
	ı	4. SOCIAL SECURITY NUMBER 214-26-6934	6. SEX . AGE	(In yrs. last I		UNDER 1 YEAR	IF UHDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De		BIRTHPLACE (State or Foreign Country) ennsylvania
		9e. FACILITY NAME (If not institution, give st		- 55	2007	CITY, TOWH O	PR LOCATION OF DE			Y OF DEATH
1 2	5	1509 West Str	eet			Anna	polis		Ann	e Arundel
0010	Jue	100. STATE 10b. COUNTY Maryland Anne			10c. CITY, TO	Annap				10d. INSIDE CITY LIMITS? 1
	- 10	10e. STREET AND NUMBER					ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
E INCOA!	SNE.	1509 West St	reet 12. WAS DECEDENT EVER	IN U.S. ARM	IED	13. WAS DEC	21401 ENDENT OF HISPAN	IIC ORIGIN? (S		S A 4. RACE — American Indian,
2		1 Never Merried 24 Merried 3 Wildowed 4 Divorced	FORCES? NEXTES	2 NO			2 NO Specify		n, etc.)	Block, White, etc. Specify: White
L C	3	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Ghr		JAL OCCUPATIO		16b. KIN	ID OF BUSINESS/INDU	STRY
Once.		Elementery/Secondary (0-12)	College (1-4 or 5+)		Carpe				Constr	uction
at one	u II	17. FATHER'S NAME (First, Middle, Last) William Guy	Ferguson						tz Saylo	r
TO CE	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1509 West Street Annapolis, Md. 21401									
חמצו סו		20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo	oval from State	Me her plee	Veter	ans C	emetery or	7	20c. LOCATION - CI	ille, Md.
examiner must be notified at once.		21. SIGNATURE OF FUNERAL SETTING LIC				22. NAME AN	ND ADDRESS OF FA	CILITY		napolis,Md.
edica	\Box	23. PART I. Enter the diseases, or o	omplications that cause	ed the dea	th Do not				or manifestory arms	
Ē.	- lì		Liet only one cause on		itii. Do not	enter the mo	ds of dying, suc	n se cerdiac	or respiretory arre	Interval Bstwesn
II, the III		shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Liet only one cause on	ssch line.	ell				or respiretory arre	
ic event, the m		IMMEDIATE CAUSE (Final disease or condition		A CONSEQU	ell UENCE OFI:	CAC	of lou		or respiretory arre	Interval Batwean Onset and Death
aumanc event, the m	MOIN	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediata	Liet only one cause on	A CONSEQUE	ell uence of):		of lou		or respiretory arre	Interval Batwean Onset and Death
r other traumatic event, the m	HILLAIION	IMMEDIATE CAUSE (Final disesse or condition resulting in deeth) Sequentially list conditions,	B. DUE TO (OR AS	A CONSECU	ell vence of):	CAC	of lou		or respiretory arre	Interval Batwean Onset and Death
injury, or other traumatic event, me m	AL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSECU	UENCE OF): UENCE OF):	CA c	use	y	a. WAS AN AUTOPSY	Interval Batwesn Onset and Death Cau 24b. WERE AUTOPSY FINDINGS
a S	AP S	Sequentielly list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSECU	UENCE OF): UENCE OF):	CA c	use	Part I. 24		Interval Batwesn Onset and Death CA CA
a S	: MEDICAL	Sequentielly list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSECU	UENCE OF): UENCE OF):	CA c	use	Part I. 24	a. WAS AN AUTOPSY PERFORMED?	Interval Batwesn Onset and Death CA
Hem 23 shows any	SICIAN: MEDICAL	Sequentielly list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEOL A CONSEOL A CONSEOL Dut not re	UENCE OF): UENCE OF): UENCE OF):	tte the underlying 26. PI THER:	G COUSE GIVEN IN	Part I. 24	e. WAS AN AUTOPSY PERFORMED? YES 2 NO	Interval Batwesn Onset and Death CA CA
or item 23 shows any	PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. HOSPITAL:	A CONSEOL A CONSEOL A CONSEOL Dut not re	UENCE OF): UENCE OF): UENCE OF):	26. PI THER: Nursing Hor	g ceuse given in	Part I. 24 1 eck only one) 6 □ Other (S	e. WAS AN AUTOPSY PERFORMED? YES 2 NO	Interval Batwesn Onset and Desth Ca V 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
8 is marked, or item 23 shows any	ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 40	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE A	UENCE OF): UENCE OF): UENCE OF): UENCE OF): 28b. TIME O	26. PITHER: Nursing Horr M 1	g ceuse given in	Part I. 24 1 eck only one) 6 Other (S 28d. DESCR	e. WAS AN AUTOPSY PERFORMED? YES NO	Interval Batwesn Onset and Death Ca Ca
28 is marked, or item 23 shows any	ELED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CAUSE OF COURSE OF COURSE OF CHARLES OF CHARLES OF CAUSE OF	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS	A CONSEQUENCE A	UENCE OF): UENCE OF): UENCE OF): UENCE OF): PSUITING IN t	26. PI THER: Nursing Horn M 1 at, factory, office	g ceuse given in LACE OF DEATH (Ch. The 5 Presidence SURY AT) SURY YES 2 NO The 10 No The 10 N	Part I. 24 1 1 cock only one) 6 Other (S 28d. DESCR 28t. LOCATI City or 1	e. WAS AN AUTOPSY PERFORMED? YES 2 NO Pecify) IBE HOW INJURY OCCI ON (Street and Number of own, State)	Interval Batwesn Onset and Desth Ca V 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO URED No No No No
IPORTANT: If Item 28 is marked, or item 23 shows any injury of the control of the	ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CAUSE OF COURSE OF COURSE OF CHARLES OF CHARLES OF CAUSE OF	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DATE OF INJURY (Month, Day, Vear) 28e. PLACE OF INJURY building, stc. (Sp	A CONSEQUENCE A	UENCE OF): UENCE OF): UENCE OF): UENCE OF): PSUITING IN t	26. PI THER: Nursing Horn M 1 at, factory, office	g ceuse given in LACE OF DEATH (Ch. The 5 Presidence SURY AT) SURY YES 2 NO The 10 No The 10 N	Part I. 24 1 1 City or 1 other (scale) 28t. LOCATI City or 1	a. WAS AN AUTOPSY PERFORMED? YES NO ON (Street and Number of own, State) e) and manner as state d place, and due to the	Interval Batwesn Onset and Desth Ca V

Julia Davidson-Watthera

31. DATE FILED (Month, Day, Year) FEB 1 4 1991

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examiner

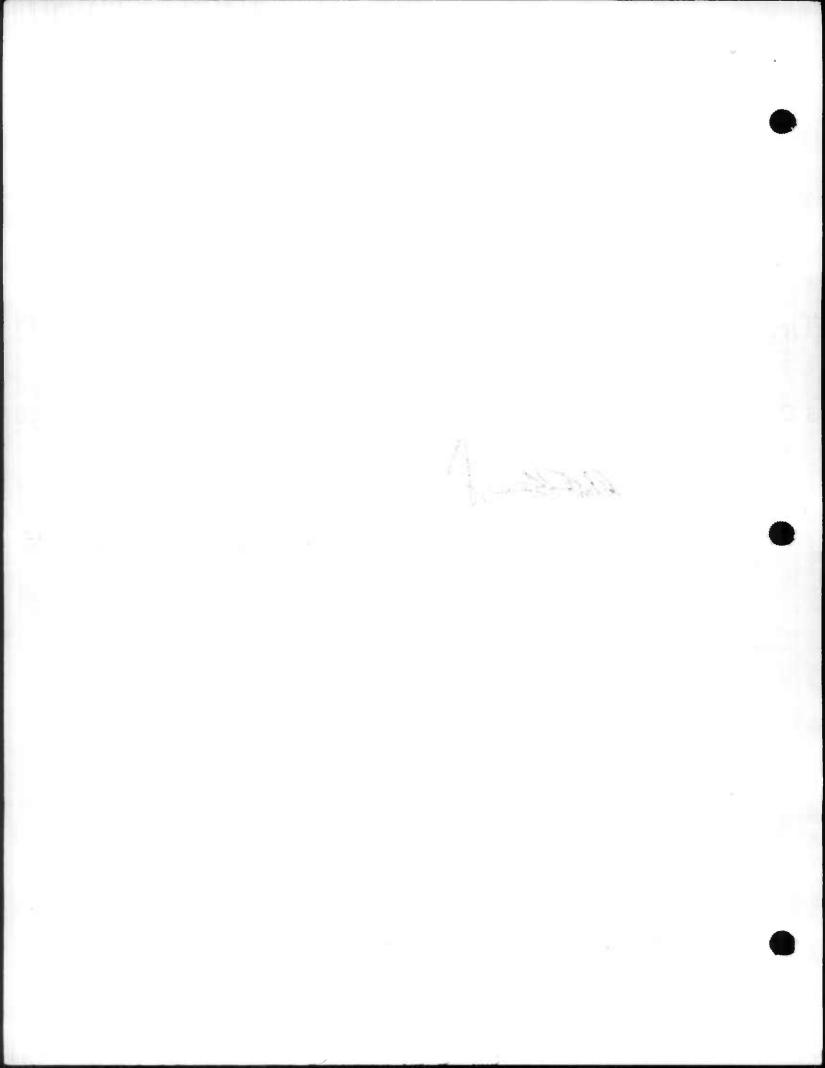
permit.

medical completely filled irial, cremation, t the traumatic event, in and com to burial, been signed by the attending physician of Health and Mental Hygiene prior to shows any Injury, or other traum has be Dept. ₩. S OR ATTENDING PHYSICIAN: The Item certificate h 0 marked, this c After t DIRECTOR: A 2 hours after d 40 TO THE FUNERAL C be filed within 72 h IMPORTANT: If II HOSPITAL 표보를

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DIVISION OF

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR Harvey (NMN) Fitting Feb. 18, 1991 11:37 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 24 HOURS 220-34-4212 1 () 1 🖾 M 2 🗆 F Mar. 24,1 915 New York Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 15490 Union Chapel Road RECTOR Woodbine Howard RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Howard Woodbine 1 YES 2 NO ъ 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 15490 Union Chapel Road 21797 U.S.A. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
 if yes, specify Cuban, Mexican, Puerto Rican, etc.)
 \(\subseteq \text{ YES 2 NO } \)
 Specify: 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 1 Never Merried 2 Married Specify: BY 3 Widowed 4 Divorced White ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION seclfy only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Sp 12 yrs. U.S. Government Printing Office College (1-4 or 5+) Printer COMPL yrs. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Fitting Mary Kuhn BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy A. Fitting 15490 Union Chapel Rd. Woodbine, Md. 21797 METHOD OF DISPOSITION
Burlel 2 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State PLACE OF DISPOSITION (Name of cemetery, crematory or tro Crematory, Inc. Baltimore, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Charles Burrier Funeral Home Winfield, Maryland 21784 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, Approximate shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finei Recusson resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentisliy liat conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediata . Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 | YES 2 100 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER: ng Home 5 Residence 5 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 25e. DATE OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural М 5 Pending 1 YES 2 NO ΒY 2 Accident Investigation 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide ETED | 5 Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of ay on end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated. 200. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE mo 2 91 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) la UIS 10 32. REGISTRAR'S SIGNATURE
Achia Davidson-Randelle 31. DATE FILED (Month, Day, Year) 9



84

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

MEDICAL CERTIFICATION

PHYSICIAN:

FEB 19'91

TO THE HOSPITAL O
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If Its

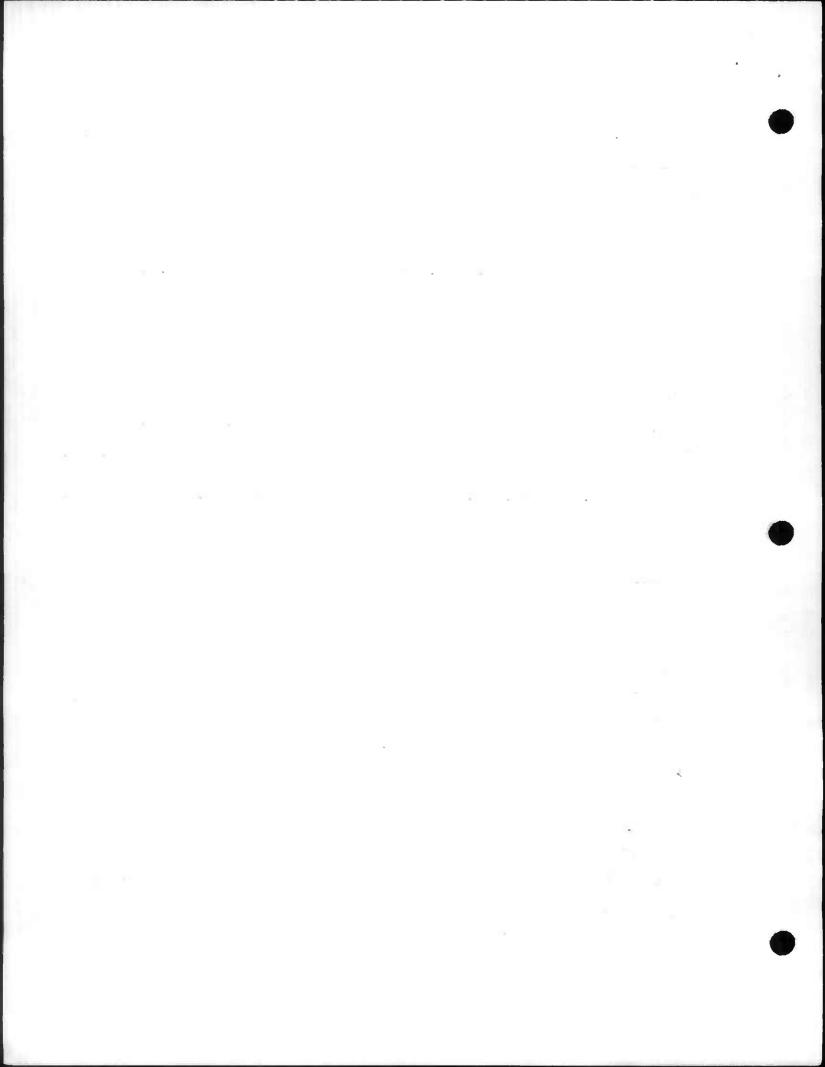
1	B d	2	
	-		
	. N. OPP	Sages	-
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x Just after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely littled in by the attending physician and completely littled in build, cemation, or removal. Within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to build, cemation, or removal.	ITANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
RECORDS,	requires that the	been signed by the control of Health and Me	shows any inju
= VITAL	SICIAN: The law	the State Dept	I, or Item 23
ON OF	VDING PHYS	death with	is marked
DIVISI	AL OR ATTER	2 hours after	If Item 28
	HOSPIT	FUNERA within 7	TANT

1 -REG NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 2 16 91 2:10 a Jerry A. Falcone 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 X M 2 | F YRS. 096-09-0594 76 6/17/14 Italy 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Carroll Westminster Carroll Lutheran Village RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10e STATE 10d. INSIDE CITY Carroll Westminster 1 YES 2 NO MD 10g. CITIZEN OF WHAT COUNTRY? 10a STREET AND NUMBER 101, ZIP CODE 406 Baldwin Park Drive, Apt. T-3 U.S. 21157 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 K Merried 3 Widowed 4 Divorced white 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high construction Elementary/Secondary (0-12) College (1-4 or 5+) self employed 8 wood crafter 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Lucia Lepore Aniello Falcone 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 406 Baldwin Park Drive, Apt T-3, Westminster Iosephine Falcone 20s. METHOD OF DISPOSITION

1 Disposition | State | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Department | Depar 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Meadow Branch Cemetery Westminster, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Pritts Funeral Home & Chapel 412 Washington Rd., Westminster, MD Robert K. Pritts. Sr. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line, Interval Between Onset and Dasth IMMEDIATE CAUSE (Finei 2 wks disease or condition resulting in deeth) heumonia DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO ASCUD COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CVA 1 TES 2 NO Dementia 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 WES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 28b. TIME OF 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 8 Could not be COMPLETED 4 🗌 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) and menner se stated. 296. SIGNATURE AND TITLE OF PERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Taker MMD. 08258 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S. Buker M. D. 140 Village Sc Westminster MD 2115 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

Julia Savidson Randall



THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permanented within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

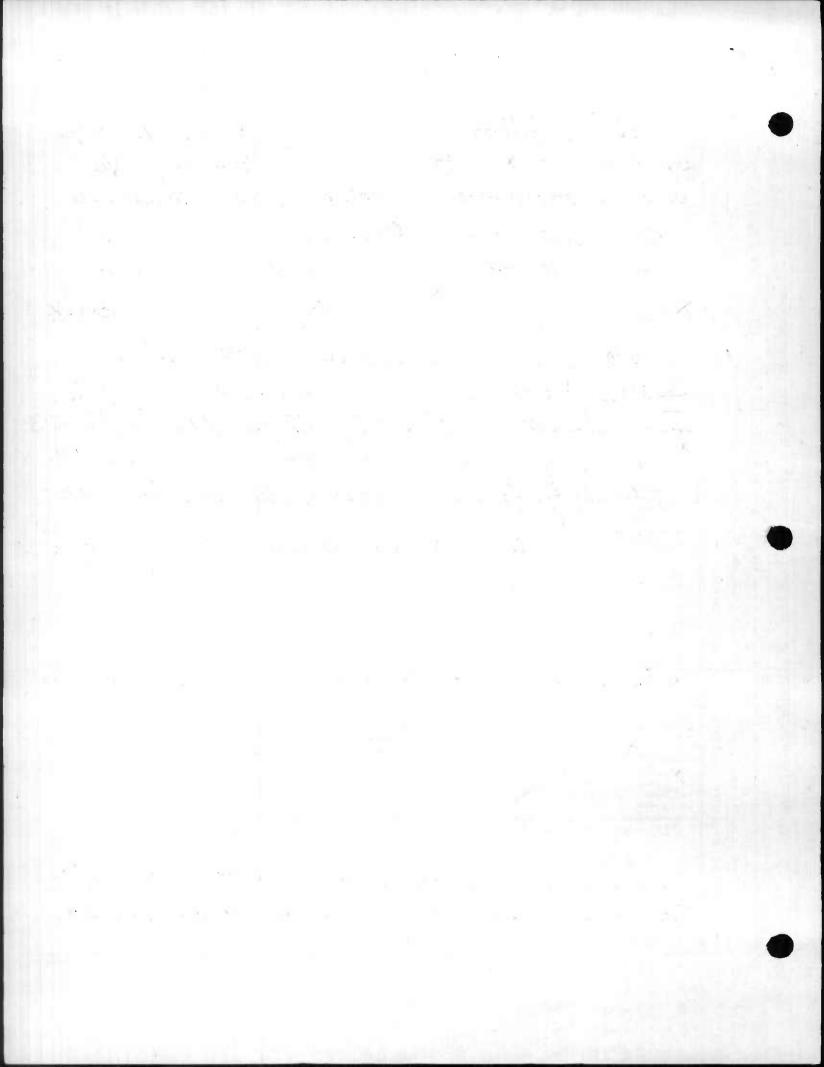
BALTIMORE, MARYLAND 21215-0020

	HEGISTHAN		CEI	KILLI	CALE	UF	DEAL	П	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				Ф,	7			2. DATE OF DEPARTMENT OF DEPAR		0 1	9 51 3	TIME OF DEATH
	John A. GABRIEL							4					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b		IF UNDER 1 Y	_		DER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)					ACE (State or Foreign
	579-58-2513	1 M 2 - F	83	YRS.	MONTHS D	AVS	HOURS	MIN.	Oct 1		907		D.C.
- 1	9s. FACILITY NAME (If not institution, give s	treet and number)	- 03		9b. CITY, TO	WW O	B LOCATIO	N OF DEA		T		TY OF DEA	
m							TI EUGHI IQ	NO DES	3111				
Ö	DOCTORS COMMUNIT	Y HOSPIT	AL		LANH	AM					PKIN	CE GE	LORGE
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY										-		
2	IOE. STATE			10c. CI I Y	, TOWN OR I	LOCATI	ON					,	0d, INSIDE CITY LIMITS?
ā	Maryland Prin	ice Geor	ges		Seal	bro	ok					1	YES 2 NO
4	10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CITIZ	EN OF WH	AT COUNTRY?
5	9410 Tuckerman	C+					2	0706				IT C A	
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. ARMI	ED.	12 140	DECE			C ORIGIN? (S			U.S.A	- American Indien,
	1 Never Married 2 Married	FORCES?	YES 2 NO		If ye	es, spe	city Cuber	, Mexican	, Puerto Ricer		DF 140-	Black,	White, etc.
B	3 TWidowed 4 Divorced	IF YES, GIVE \	WAR OR DATES 25		1 [YES	2 X NO	Specify:				Specify:	
	21										1		auc.
回	15. DECEDENT'S EDU (Specify only highest grade		(Give	kind of w	USUAL OCCU			7	16b. KIN	D OF BUSI	NESS/IND	USTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5	+) // // // // // // // // // // // // //	o NOT use	e retired.)								
<u>a</u>	12	0	Sı	per	visor				Wa	ship	eton	San	itary Comm
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	AE (First, Middl				
	John Gabriel					H	т	-1	- TY	. 7			
BE	19a. INFORMANT'S NAME (Type/Print)	-	106	MARINO	ADDRESS /S				a Har		Cara Tin	0-4-1	
2			100										
	Josephine Ranso	m		081/	Grove	eto	n Dr	. C1	inton,	MD	<u> 2073.</u>	5	
- 1	20a, METHOD OF DISPOSITION 1)☐ Burlei 2 ☐ Cremetion 3 ☐ Rem	oval from State	20b. PLACE A				(Name		DATE	20c. LOC	ATION —	City or Town	n, State
- 1	4 Donation 5 Other (Specify)	oral from oute	Mt. C	liv	et Cer	net	ery			Was	hing	ton,D	.C.
	21. SIGNATURE OF MERAL SERVICE LIC		22. NA	ME AN	D ADDRES	S OF FAC	HLITY						
	Kil	10	10	22. NAME AND ADDRESS OF FACILITY Rendon/Hale Funeral Home 9013 Annapolis Rd. Lanham									
	· LO lano	7)6	ne										20706
- 1	23. PART L Enter the diseases, or	complications the	it coused the deal	h. Do n	ot enter th	e mod	da of dyi	ng, such	sa cardiac	or reapire	atory srn	est,	Approximate
- 1	shock, or heart failure.								,				Interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	Heta	co seler	=1.1	AAA	1,8	740	1 1	w d	un	el		Ciliati Silia Dataii
	resulting in deeth)						00-	u		2-1-			
- 1	Ĭ	DUETO	OR AS A CONSECU	ENCE OF	7):								
Z	Sequentially list conditions,	b											
CERTIFICATION	if any, leading to immediate	DUE TO	(OR AS A CONSEQU	ENCE OF	7):								
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
트	that initiated events	DUE TO	(OR AS A CONSEQU	ENCE OF	7):								
E	resulting in death) LAST	d.											
2													
뒿	PART II, Other significant condition	ns contributing to	degth but not res	sulting i	n the unde	rlying	Chines D	oven in I	Part I. 34	PERFORM			VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDICAL	Cavenina	VGGY C	elon ru	u.	nu	nece	40	W		YES 2		1	COMPLETION OF CAUSE
유	Vouscarde	kl ent	exters	18	0				10	-	2	- 1	OF DEATH?
Σ	112/1	1/		-		_						1	∏ YES 2 ☐ NO
PHYSICIAN:													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINENT?	HOSPITAL:		- 1	OTHER:	26. PL	ACE OF DE	EATH /Che	ok only and	_			
S	1 PYES 2 □ NO		ER/Outpatient 3	DOA		g Home	e S 🗆 Re	sidence i	6 🗀 Other (Sp	secify)			
ΞI	27. MANNER OF DEATH	28s. DATE O	F INJURY Day, Mear)	285, TIME	E OF 28	ic. INJI	URY AT		28d. DESCRE	BE HOW IN	JURY OCC	URED	
2	1 Hatural 5 Pending	Jensen,		ine.			ES 2	NO					
à l	2 Accident Investigation 3 Suicide 5 Could not be	28e. PLACE	OF INJURY - At hom	e, form, s	dreet, factory	office			29f. LOCATIO	M /Threat ar	nei Miumbar	or Burni Bo	ulle Mumber
유	4 Homicide 6 Could not be	building	etc. (Specify)			S. Commerce		- 1		part, State)			
COMPLETED													
7	298. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of	f my knowledge, deat	h occum	d at the time	, dete	and place,	and due	to the cause(c	a) and man	ner se atat	ed.	
2	One) 2 MEDICAL EXAMINE	ER: On the besis of	xamination and/or in	veatigatio	n, in my opir	nion, de	eath occur	ed at the	time, data and	d place, and	due to th	e cause(s)	and manner as stated.
5					-	-							
BE	296. SIGNATURE AND TITLE OF CERTIFIE	1/1	non	1			29c. LICE	NSE NUM	BER 27		ZBd. DATI	BIGHED /	Month, Day, Year)
	property P	rauge	(VIII	/			N	011	-00		1	-19	190
임	30 HAME AND ADDRESS OF BERSON VI	O COMPLETED CAL	SE OF DEATH (ITEM	27) (Туре,	Print)	0.	1	/1	111	0	20	111	
	HUBRISTO PIRA	drivell	en MM	57	7091	a	7 Mu	m(A.C.	over	. Ill	12	374x
	31. DATE ITLES Morth, Day, 6 17	32/REGISTE	KR'S SIGNATURE	1.00	- / -	-/	/		-	1			- 123

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner most-be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last			2. DATE OF DEATH MONTH DAY	SEAR 1000 M
4. SOCIAL SECURITY NUMBER 216-18-2843	1 M 2 XF 9,8 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. IONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Mooth, Day, Year) 3-26, = 92	6. BIFTHPLACE (State or Foreign Country)
98. FACILITY NAME (If not institution, give W9 terview A	Health Care	Selisbury	nd di latti	Gomico
10e. STATE 10b. COUNTY 10e. STREET AND NUMBER	orcester 10c. CITY	TOWN OR LOCATION REOMOKE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
420 Lin	den Ave.		51 1	IS A
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)		rk done during most of working	House W	
17. FATHER'S NAME (First, Middle, Last)	10+hews	16. MOTHER'S N	AME (First, Middle, Melden Surname)	1/6
190. INFORMANT'S NAME (Type/Print)	ver 18368	Mot erat.	Rd. adilo	him Md 2078:
20e METHOD OF DISPOSITION 1 Description	movel from State Timaley	Mem . Cem;	20c LOCATION -	city or Town, State
+ famuel	D. Lavage	P.O.Bx.46 7	Yew Church V	9. 23415-
ahock, or heart failure IMMEDIATE CAUSE (Finel	r complications that couled the deeth. Do no			Approximate Interval Between Onset and Death
disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):	io scleusis	<i>y</i>	years
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	b DUE TO (OR AS A CONSEQUENCE OF):	:		
CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE OF):			
PART II. Other algorificent condition	one contributing to death but not resulting in	the underlying cause given in	Part I. 24e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4	26. PLACE OF DEATH (C OTHER: Nursing Home 6 ☐ Reeldence		
27. MANNER OF DEATH 1 Natural 6 Pending	28a. OATE OF INJURY (Month, Day, Year) 28b. TIME INJUI	OF 28c. INJURY AT	284. DESCRIBE HOW INJURY OC	CCURED
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28a PLACE OF IN ILIPY - At home form etc		281. LOCATION (Street and Number City or Town, State)	or or Rural Route Number,
one)	/SICIAN: To the best of my knowledge, death occurred NER: On the best of examination end/or investigation,			
396. SIGNATURE AND TITLE OF CERTIF	Hell Jump Meday!	insata DO	Salis Duru	TE SIGNED (Month, Day, Year)
THUM AS C.		NE Blaff Rd	. Salisbury	, md 21901
31. DATE FILED (Month, Day, Year) FEB 2 1 91	32 AGGISTRAR'S SIGNATURE andall	Di		



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or remova	medical	
ion,	the	l
vurial, cremativ	event,	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygliene prior to burial	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no	
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and	<u>></u>	
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	1 - STATE REGISTRAR	SIAIL OF MANT			CATE				MENTAL	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF DEATH MONTH DAY			3. TIME OF DEATH
	NANCY L.							2 9		YEAR 91	9:55 PM		
	4. SOCIAL SECURITY NUMBER	E (In yrs. last bir		IF UNDER 1 Y				7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)		
	213-22-9264	213-22-9264			MONTHS D	THE DAYS HOURS MIN.			11-26-05			Maryland	
	9a. FACILITY NAME (If not institution, give		9b			CITY, TOWN OR LOCATION OF O			EATH 9c.		COUNTY OF DEATH		
OR	ALICE BYRD TAWFS NURSING HOMF Crisfield											Some	erset
ב	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CITY, TOWN OR LOCATION 10d, INSIGE CI									10d, INSIDE CITY	
DIRECTOR	MD Somerset			Crisfield									LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CODE				10g, CITIZEN			WHAT COUNTRY?	
FUNERAL	Rt. 1 - Box 32	wn Rd-	Rd. 21817					US					
JN.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN			U.S. ARMED					IIC ORIGIN? (Specify Year			- 14. RACE — American Indian,	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	S 2 XNO OATES					Specify	in, Puarto Rican, atc.) y:			Speci	white, atc. White	
ED	15. DECEDENT'S EDU (Specify only highest grad	16a. DECEL	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b. KIND OF BUSINESS/INDUS			DUSTRY		
Е	Elementary/Secondary (0-12) College (1-4 or 5+)										L ME		
MP	Grade 7	Sea	Seamstress						Garment Mfg.				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT			fiddle, Maiden			
BE	Henry Columb	us Sterling					_		_	Rigg			
2	19a. INFORMANT'S NAME (Type/Print) Eleanor G. W		19b. M							er, City or Tow efa	n, State, Z	ip Code)	
			OL 81 105 05						C u	-	0.171011	Au	- 01-11
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Hen 4 Onnation 5 Other (Specify)	noval from State	other place)									- City or To	
	21. SIGNATURE OF FUNERAL SERVICE L	.uge	Memorial Park Crisfield, MD							עוו			
	Bradshaw & Sons Funeral Home												
	23. PART I. Enter the diseases, pr									- Cr			MD 21817
CERTIFICATION	shock, or heert feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditione, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due TO (OH AS A CONSEQUENCE OF): Due TO (OH AS A CONSEQUENCE OF):												
HT	resulting in deeth) LAST	4											
S	PART II. Other significent condition	ne contributing to death	but not resi	ulting I	n the unde	rivina	Cellee	alven in	Part I	24a. WAS AN	ALITOPS	/ 248	WERE AUTOPSY FINDINGS
4: MEDICAL											AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
IAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF C	DEATH (Ch	eck only on	Θ)	·		
PHYSICIAN: M	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 🗆	DOA	OTHER:	g Home	5 🗆 R	esidenca	6 🗆 Other	r (Specify)			
	27. MANNER OF DEATH	(Month Day Vent)				F 28c. INJURY AT WORK?			28d. DESCRIBE HOW INJURY OCCUREO				
ВУ	1 Netural 5 Pending Investigation					M 1 YES 2 NO							
	3 Suicide 6 Could not be 4 Homicide detarmined	RY — At home pecify)	– At home, farm, street, factory, offica y)					26f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					
COMPLETED	29e. CERTIFIER (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
B	296. SIGNATURE AND TITLE OF CENTURER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, 10 ay, 16 air) 297. LICENSE NUMBER 298. LICENSE NUMBER										(Month, Day, Year)		
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IVEM 27) (Type, Print)												
	James H. Ste			320	W. Ma	in	St.	- C1	risfi	eld,	MD	218	317
	FEB 1 4 91	32. RAGISTRAR'S SI		ndall.	2								

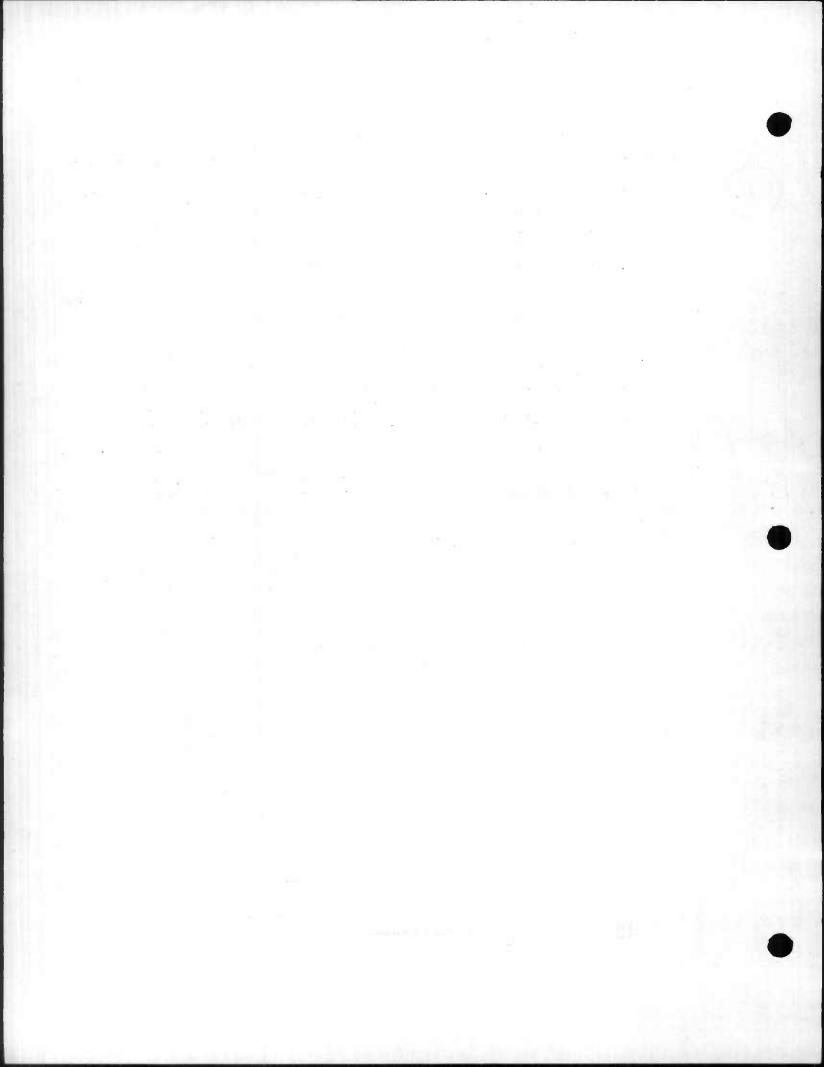
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach the fined within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi he find within 72 hours after death with the State Deat, of Health and Mental Hyglene prior to burial, cremation, or removal,	E
	, -	-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
		SSFORD	JR.		February 1	4, 1991	
212-14-6756	5. SEX 8. AGE		IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) October 3,	1919	THPLACE (State or Foreign (Pity) Maryland
e. FACILITY NAME (If not institution, give	street and number)	1	Db. CITY, TOWN	OR LOCATION OF E	EATH	9c. COUNTY OF	
Washington Coun	ty Hospital		Hage	rstown		Was	hington
De, STATE 10b. COUN	ITY	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
Maryland	Washington	Н	agersto				1 XYES 2 NO
525 Frederick	Street		10	21740			S.A.
I, MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. WAS DE		NIC ORIGIN? (Specify Ye	s or No.— 14. B4	CE — American Indian
Never Married 2 X Married Wildowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR 0 1936 -	2 □NO DATES 1938	If yes, s		en, Puerto Ricen, atc.)	84	ock, White, atc. oc//y: White
15. DECEDENT'S Et (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S US	rk done during m	ON ost of working	16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 6+)	Machi			Truck	Manufa	cturing Co.
. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Meiden		
	illiam Gu	esssford	Sr.	Mabel		Palı	mer
e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rura	Route Number, City or Tox	vn, State, Zip Code)	
Flossie I. G	uessford	525 Fr	ederick	St., Ha	agerstown,	Marylan	1 21740
a. METHOD OF DISPOSITION		b. PLACE OF DISPOSIT				CATION - City or	
X Burtel 2 ☐ Cremetion 3 ☐ Re ☐ Donetion 5 ☐ Other (Specify)	moval from State	Rest Have	n Cemet	ery 2	2-18-91 Hag	erstown	,Wash., Md.
SIGNATURE OF FUNERAL SERVICE			22. NAME /	ND ADDRESS OF F	ACILITY		
· R. hael	Road				fman Funer		, Inc. , Md. 21740
ileese or condition seulting in death) sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat inliteted events seulting in death) LAST	C	A CONSEQUENCE OF: A CONSEQUENCE OF:		meta	Frases	, 2	2 year.
	d						
ART II. Other algnificant conditi	ons contributing to deeth	but not reaulting in	the underlyle	ng ceuse given l		RMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C			
1 TYES 2 THO	1/2 Inpatient 2 ER/Out	29b, TIME		me 5 Realdence	6 Other (Specify) 26d. DE\$CRIBE HOW	IN HIEV COCKETS	
1 Natural 5 Pending	(Month, Day, Year)	INJU	RY W	YES 2 NO	200. DESCRIBE NOW	INJOHY OCCURED	
2 Accident Investigatio 3 Suicide 6 Could not 1 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spi	Y — At home, ferm, str ecify)	reet, factory, off	ice	261. LOCATION (Street City or Town, State	end Number or Rui)	al Route Number,
CONDUCT OTHY	YSICIAN: To the best of my kno						
	NER: On the basis of examinati	on and/or investigation,	, iii my opinion,				
SIL SIGNATURE AND THE OF CERTS	ener	m	2	D /// e.	JMBER	≥ Feb	IS 199
NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,		entil	wa KI	17	11216
DATE FILED (MAN Dod, Not) 1	92. REGISTRAR'S SIG	Willen-yana		1310	06 /	0 2	(170
150 - 7 3	1 dans	- Inton - Marion	/ J				



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			(CERTIF	ICATE	OF	DEATH		REG. NO.						
1. DECEDENT'S NAME (First	, Middle, Last)	4.4.4	0	0.00					ATE OF DEATH	NY.	YEAR	3. TIME OF DEATH			
Ne	llie	M ay		rau					2 14	"	91	м			
4. SOCIAL SECURITY NUMBER 219-20-1033		5. SEX 1 M 2 X F	6. AGE (In yrs. 81	lest birthpay) YRS.	IF UNDER	1 YEAR	IF UNDER 24 HR	s. 7. p	ATE OF BIRTH	09	6. BIRTH	ryland			
9a. FACILITY NAME (If not in Washington			11			96. CITY, TOWN OR LOCATION OF DEATH Hagerstown					9c. COUNTY OF DEATH WASHINGTON				
RESIDENCE OF DEC	10b. COUNTY			1 40 - 00	Y, TOWN O	D 1 0017						10d. INSIDE CITY			
Maryland		ington			harps							LIMITS?			
10e. STREET AND NUMBER		1119 0011			nai pe		ZIP CODE			10a, CITE	ZEN OF	WHAT COUNTRY?			
5105 Harper	s Ferry	y Rd.					21782				USA				
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS OECEOENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					IED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE - Americ						E — American Indian, k, White, atc.				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Glow kind of work done during most of working life. Do NOT use relied.) 16b. KIND OF BUSINESS/INDUSTRY															
Elementary/Secondary (0-12) College (1-4 or 5+) Me. Do NOT use relired.) Assembler Aircraft Manf.															
17. FATHER'S NAME (First, M							18. MOTHER'S	NAME (F	irst, Middle, Maiden	Surname)					
Char		Edwar	'd		Boyer	٠	Mary	Susa	n Cath	erine	. P.	lume			
196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Connie Williams 31 N. Main St. Keedysville, MD 21756															
Connie Will					_										
20s. METHOD OF DISPOSITION 1 (X Burlel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) Mt. View Cemetery Sharpsburg, MD 21782															
21. SIGNATURE OF THE AND ACCRESS OF FACILITY OSBORNE FUNERAL HOMES P.O.Box # 348 Williamsport, MD 21795															
23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory errest, about or heart feliure. List only one cause on each line. Approximate interval Between															
IMMEDIATE CAUSE (Fit disease or condition resulting in death)			Con as Acon		dis	eas	a)					Onset and Death			
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	ing ury	DUE TO	(OR AS A CON	SEQUENCE (OF):							00000			
PART II. Other eignifica	-11.	a contributing to	deeth but no	ot resulting	In the ur	nderlyln	g cause give	n In Part		RMED2	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:	/		OTHE	R:	LACE OF OEATH	,							
1 TYES 2 THO 27. MANNER OF DEATH		1 Inpetient 2		28b. TII	1	28c. INJ	URY AT		Other (Specify) DESCRIBE HOW	INJURY DO	CURED				
_/	Pending Investigation	(Month, E	ley, Yber)	IN	IJURY M	WC	YES 2 NO								
3 Suicide 8 4 Homicide	Could not be detarmined	28e. PLACE O building,	F INJURY — A atc. (Specify)	t home, farm,	street, fact	tory, offic	a .	281.	LOCATION (Street City or Town, State		r or Rural	Floute Number,			
Conden orny		CIAN: To the best of										(a) and manner as stated.			
295. SIGNATURE AND TITL	е об дентупе	V/1					29c. LIÇENSE	NUMBER		29d. DAT	E SIONE	O (Month, Day, Year)			
/	41	Turch	MD				D	-	579	10	12/	15/91			
30. NAME AND ADDRESS O	F PERSON WH	O COMPLETEO CAU		TEM 27) (Typ		. /	1/-	-11	/	7-1	7				

32. REGISTRAR'S RIGHATURE Frances

TO BE COMPLETED BY FUNERAL DIRECTOR

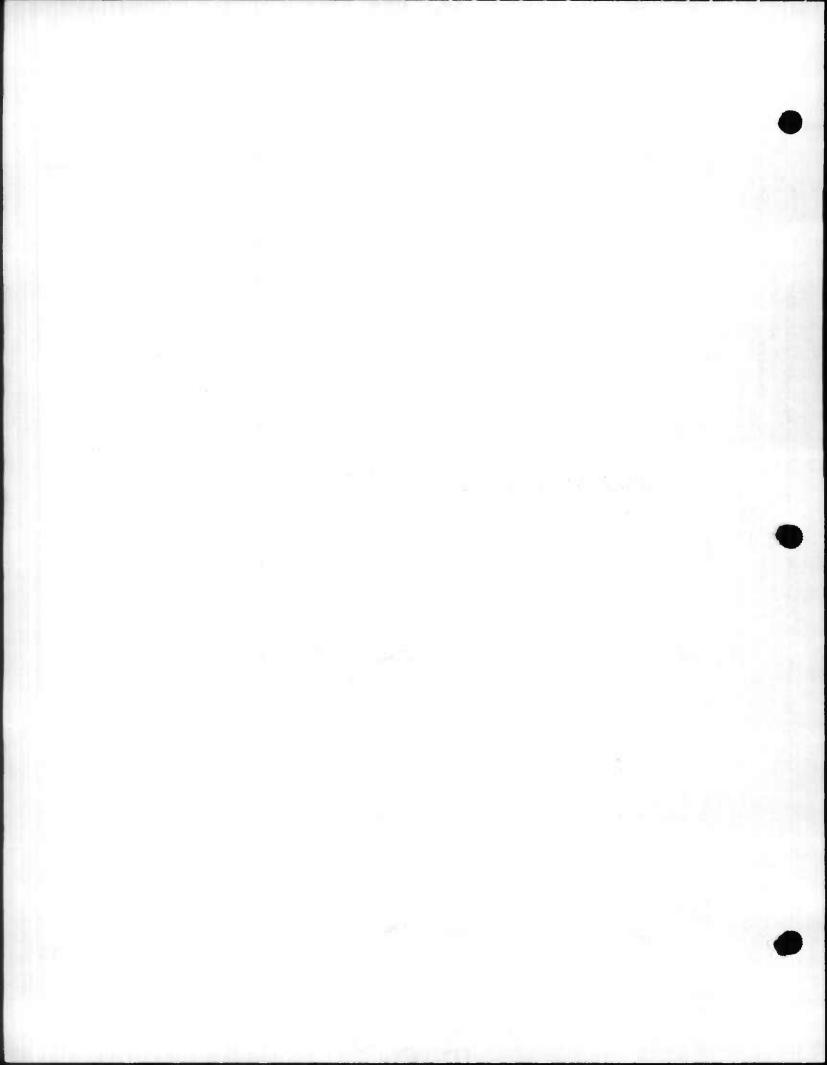
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "serhours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

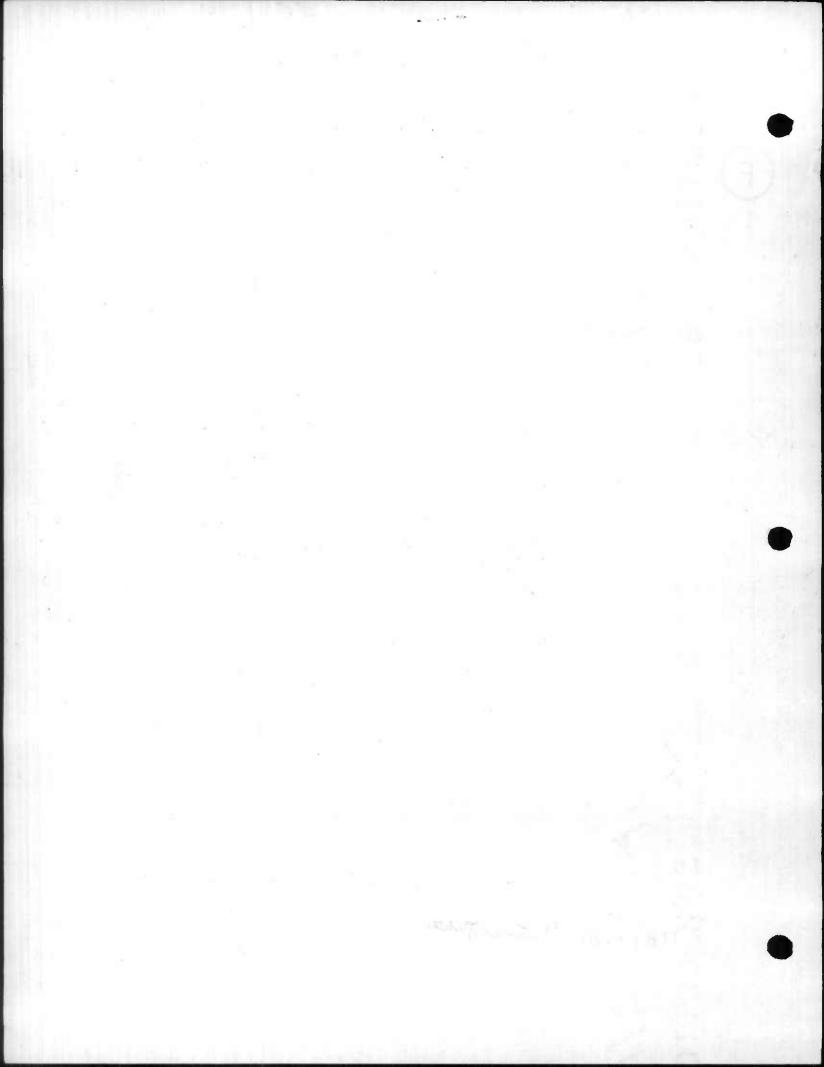
31. DATE FILED (Month, Day, Year) 91



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	D.				
	1. DECEDENT'S NAME (First, Middle, Last) Thomphomas	Charles	martin	AF.	tiv .	2. DATE OF OEATH MONTH	3 9 g	1 1830 m			
	4. SOCIAL SECURITY NUMBER 579 42 9032	BIRTHPLACE (State or Foreign Country) ew York									
OR	90. FACILITY NAME (If not institution, give street 313 Bert	5 Dri	thin		9c. COUNTY						
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10a CITY T	OWN OR LOCA	FION			10d. INSIDE CITY			
FUNERAL DIRECTOR		rundel	Loth	ian				1 YES 2 NO			
Z				10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
<u>ü</u>	313 Berts Drive			2	0711		USA	USA			
5		2. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Your, Puerto Ricen, etc.)	es or No- 14.	RACE — American Indian, Black, Whita, etc.			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 52	0-1"1 9 5 3	1 TYES	2 ND Specif			Specify: white			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	RY									
٦	Elementary/Secondary (0-12)										
W	1 1 17. FATHER'S NAME (First, Middle, Lest)		Brickma	son	18. MOTHER'S NA	ME (First, Middle, Maide	Fed Sumama)	Gov			
Ö	Richard Gilmart	in			Helen		, comency				
00	19a. INFORMANT'S NAME (Type/Print)	<u> </u>	19b. MAILING AO	ORESS (Street		Route Number, City or To	wn, State, Zip Coo	de)			
2	Thomas Gilmartin	Jr	8655 P	110 C+	Orrina	s Marvla		726			
- 1	20a, METHOD OF DISPOSITION	20b. Pt	LACE OF DISPOSITIO				OCATION — City				
	1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	Il from State Ma	rvland	Veter	ans Cem	etery Ch	olton	ham Maryland			
	21. SIGNATURE OF PUNERAL SERVICE LICEN	ISEE		22. NAME A	ND ADDRESS OF FA	OWNERS		eral Home			
	D Maus	C		P.O.	Box 45	Owings					
2	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, about, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Approximate Interval Batween Onset and Deeth Onset and Deeth Oue TO (OR AS A CONSEQUENCE OF)										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
	DART II Other significant conditions	against the state of the state		h	a utility and a	D-11 01 110					
EDICAL	PART II. Other significant conditions	contributing to death but	not resulting in t	na undertytr	g ceuse given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						1 _ YES	2 00	OF DEATH?			
2								1 TES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF OEATH (C)	neck only one)					
SIC		HOSPITAL:		THER:	M	8 Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Neturel & Pending Investigation	28s. DATE DF INJURY (Month, Day, Year)	28b. TIME D	F 28c, IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED			
0	3 Suicide s Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre	et, factory, offi	De .	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	(0.100, 0.11)	AN: To the best of my knowled On the beals of aximination e						auso(s) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	man	De	puty	DOG	MBER 654	29d. DATE S	GNED (Month, Day, Year)			
2	30 NAME AND ADDRESS OF PERSON WHO	JONES,	MD	695	- An	nerica	21	1035			
	FEB 1 1 1991 Jul	Davidson Weller	JIL-								

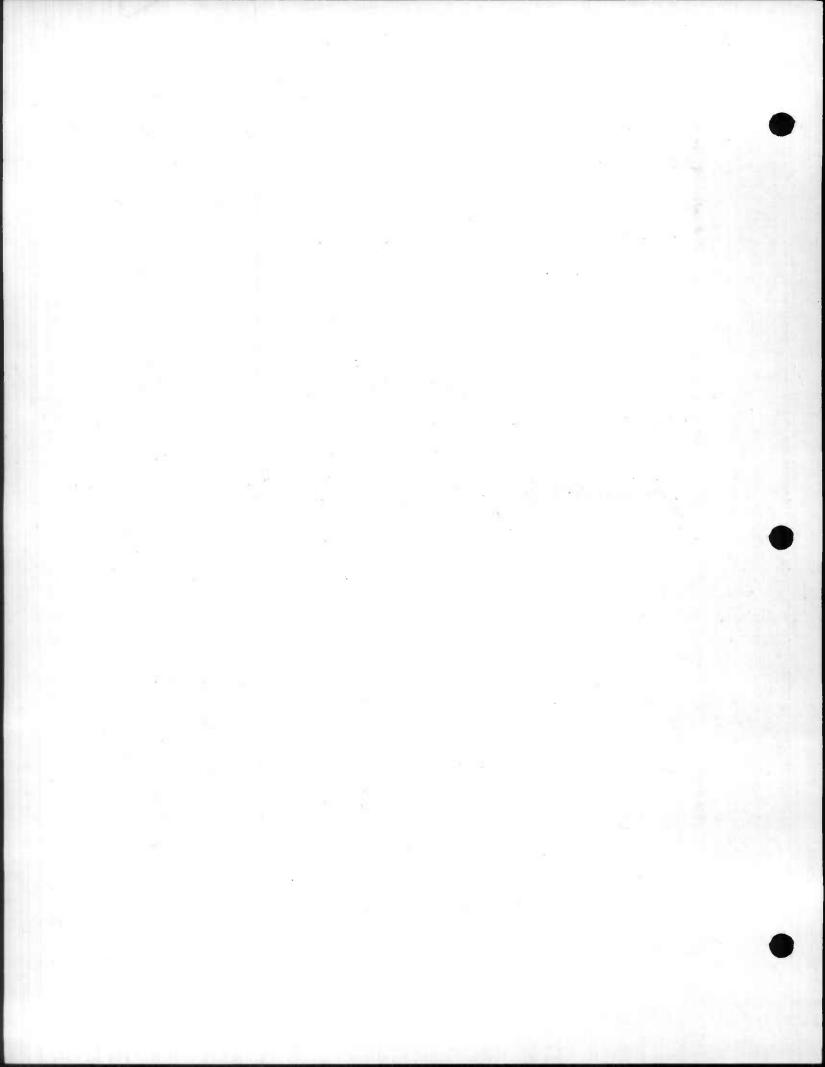


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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Durs	e E	ned
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he fleet within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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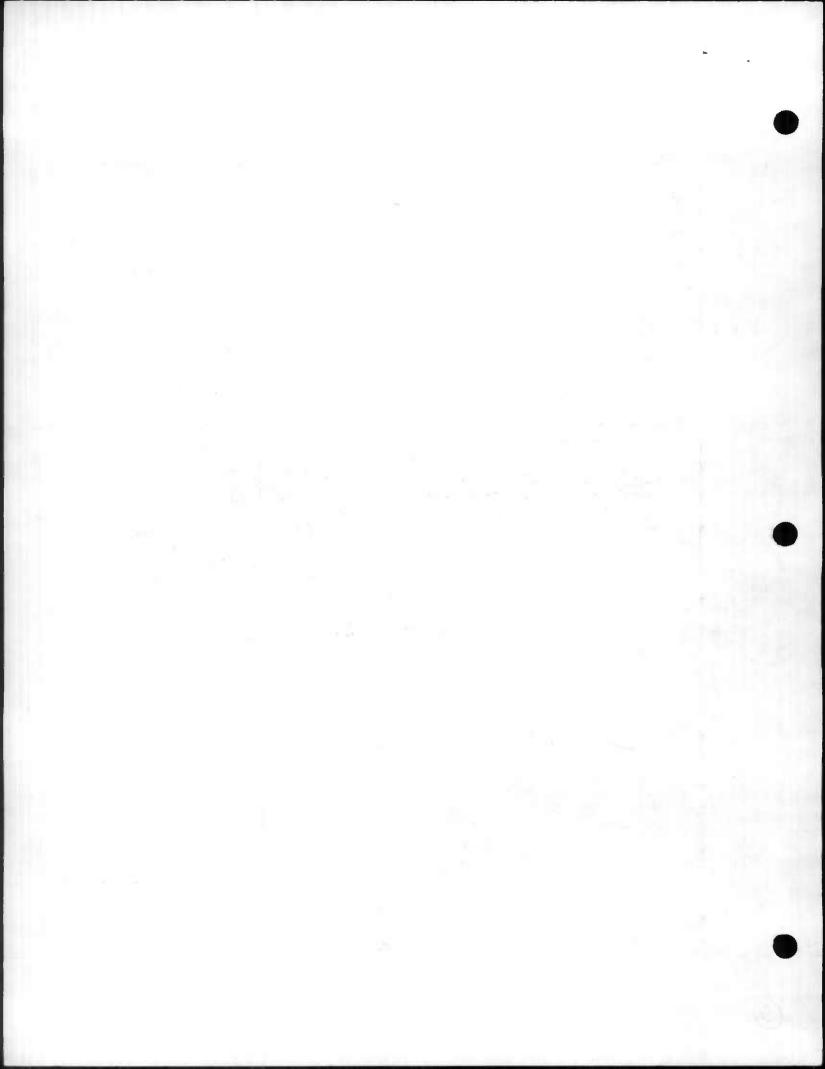
FOR 1 - STATE REGISTRAR		STATE OF MARY				F HEALTH AND	MENTAL	HYGIENE REG. NO.	J 1	U	
1. DECEDENT'S NAME (First, Midden Martha		Greenlee					2. DATE MONTH	OF DEATH	YE ?	AR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER			E (In yrs. last		IF UNDER 1 YE		7. DATE	OF BIRTH , Day, Year)	8.1		ACE (State or Foreign
222-24-046	1 1	□ M 2 💢 F	51	YRS.	WONTHS DA	YS HOURS MIN.	SEP		39 D		WARE
9a. FACILITY NAME (If not Institution	on, give street	and number)			9b. CITY, TO	WN OR LOCATION OF D	EATH	9	c. COUNTY	OF DEAT	Н
# 50 EAST WO	OD TRA	AILER PARK			SAI	ISBURY			WICO	MICO)
	COUNTY			10c. CITY,	TOWN OR L	OCATION				-10	d. INSIDE CITY
MARYLAND	WICON	ATCO			SALIS	BURY				1	LIMITS?
10e. STREET AND NUMBER					DILLI	10f. ZIP CODE		1	0g. CITIZEN	OF WHA	T COUNTRY?
# 50, EAST W	OOD TH	RAILER PAR	K			21801				USA	
11: MARITAL STATUS	12	WAS DECEDENT EVE	NILS ARE	MED		DECENDENT OF HISPA				RACE -	American Indian, fhita, etc.
1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Marken, Puerto Rican, etc.) 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:									Specify:	rinta, etc.	
21					1						WHITE
15. DECEDEN (Specify only high	est grade com	pieted)	(Gh	DEDENT'S Use kind of wo Do NOT use	ork done durir	PATION og most of working	16b.	KIND OF BUSIN	ESS/INDUST	RY	
Elementary/Secondary (0-12)	C	college (1-4 or 5+)	W/G.								
12 YEARS NO HOUSEWIFE							AAAF (Florid A	Hiddle, Maiden Sur	OME		
JOHN	(unk)		ODDDE	37						4 D.D.	
19a, INFORMANT'S NAME (Type/P)			ORDRE		ADDRESS (S)	MARTHA		(unk)		ARRI	بارارا
CONNIE SISSON	- DAUG	CHTER				l, LEWIS				,	
20a. METHOD OF DISPOSITION	2/11/	91	20b. PLACE (OF DISPOSI		of cemetery, cremetory or		20c. LOCAT		or Town	State
1 Burial 2 X Cremation 3 4 Donation 5 Other (Spec		from State	SALIS	ce)				SALI			
21. SIGNATURE OF PURERAL SET	TVICE LICENS	BEE	OHBIO	DOILL	22. NAI	E AND ADDRESS OF F			<u>DDORT</u>	, III	21001
Alton	160	lavar.			1	LOWAY FUNI					
23/9ART L Enter the disease	The Common of th	rollection of the cour	and the de-	oth Do o	1501	SNOW HILI	RD.	SALISBI	JRY.	MD_	21801
shock, or heart	fellure. List	only one gause of	eech fina.	ear. Do ne	or anter the	i mode of dying, sur	CII SS CAIL	nac or respirat	ory arrest.		Approximata interval Between
disease or condition resulting in deeth)	8	Cand	10 00/1	MO N B	7	Arrest Cardiova				1	Onset and Des
	_	AH	A . co	class	L.	Calling.	ce. de	14 D			İ
Sequentially list conditione, if any, leading to immediate		DUE TO (OR A	S A CONSEO	UENCE OF)	4 (C	(ardiova)	2 10 (2	1			†
cause. Enter UNDERLYING											
CAUSE (Disease or injury that initiated events		DUE TO (OR A	S A CONSEO	UENCE OF)	2						
resulting in deeth) LAST	d										
PART II. Other significant of	onditions o	ontributing to deat	hut not u	noulting is	the unde	hilan series aline la	- Dont I	24a, WAS AN AU	TORON	A 4 5 W	ERE AUTOPSY FINDING
		rellites	i out not it	sauting ii	t trie dilice	nying codes given in	rant i.	PERFORME		A	MILABLE PRIOR TO OMPLETION OF CAUSE
01 -	1		2 /		1			1 YES 2	NO		F DEATH?
Chonic	Ch Sy	notive f	20/mas	nary	dr		I			- 1	TYES 2 NO
25. WAS CASE REFERRED TO ME	DICAL					N PLACE OF DEATH (C)					
EXAMINER?	H	OSPITAL:			OTHER:	26. PLACE OF DEATH (C					
27. MANNER OF DEATH	110	28a. DATE OF INJUI	-	28b. TIME		Home 5 Residence	_	CRIBE HOW INJU	IDV OCCUP	EO	
1 Natural 5 Pend	Ing	(Month, Day, Yes		INJU	IRY	WORK?	200. 000	CHIEL HOW MAN	on occon	EU	
2 Outside	tigation	28a. PLACE OF INJU	IRY At hor	me form of			287 1.00	ATION (Street and	Number or I	Purel Pour	to Mumber
	d not be mined	building, atc. (5	ipectfy)	,	, , , , , , , , , , , , , , , , , , , ,	VIII 04		or Town, State)	IVOITION OF T	IDIAI NOO	io realizati
29a. CERTIFIER	IO DILLOGO	N. Ye dha t						SUL-3-3-32	SV255		
(Oriotin Gray						, data and place, and du ion, death occured at th					ad manage as stated
			atra/of f	aarigatiidii	., my opin						
29b. SIGNATURE AND TITLE OF	HIVIES	1	140.0			29c. LICENSE NU		2	9d. DATE SI	ONED (M	lonth, Day, Year)
30. NAME AND ADDRESS OF PER	SON MINO	ETED CAUSE OF	M Ø	4 07) (5	D-last)	0249	0			/"/	1//
Robert	F.V.	Reilly	MO			avside on	, .	Salisbur	y "	d.	2184
31. DATE FILED (Month, Day, Year)		32. REGISTRAR'S S	GNATURE								
1 ttB1 3 '91		Prina Davids	n-Aand	600							



were the burial-transit permit, Pages 1, 2, 3 should TO THE HOSPITAL, OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the house TD THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or remoral.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLA			F HEALTH AND	D MENTAL	REG. NO.	E 9 1	03221	
	1. DECEDENT'S NAME (First, Middle, Last) Mary E. H	Hutchins			2. DATE MONTH Febr	of DEATH MA	ľ6, 19	3. TIME OF DEATH 2155 M	
		yrs. last birthday) O YRS.	IF UNDER 1 YE MONTHS DA		S. 7. DATE (Month	OF BIRTH , Day, Year) 17,	8	BIRTHPLACE (State or Foreign Country) Delaware	
	9e. FACILITY NAME (If not institution, give street and number)	70	9b. CITY, TO	WN OR LOCATION OF		17,		Y OF DEATH	
S S	Laurelwood Nursing Center		Elkt	on		Cecil			
E .	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c, CIT	r, TOWN OR L	DCATION		10d, INSIDE CITY			
E	Maryland Cecil		kton				LIMITS? 1 YES 2 X NO		
AL	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL DIRECTOR	25 Bluejay Drive			21921			U.S.		
BY FU	11. MARITAL STATUS t Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	It ye	DECENDENT OF HIS s, specify Cuben, Mes YES 2 NO Sp		or No—	4. RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCU	PATION a most of working	16b.	KIND OF BUS	INESS/INDU	STRY	
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+)	/Secondary (0-12) College (1-4 or 5+)							
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, I				
BE	Harry E. Dawson	19b, MAILING	ADDRESS (St	reet end Number or Ru		E. Er			
5	Nola H. Martin	1		Drive		ton, N			
	20e. METHOD OF DISPOSITION Feb. 19, 1991 20b.	PLACE OF DISPOS other place)	SITION (Name	of cemetery, crematory	or	20c. LO	CATION — CI	ity or Town, State	
	4 Donation 5 Other (Specify)	Lakeside			E FACILITY			Delaware	
	· Ralph E. Hie	bs	E	EAND ADDRESS OF FICKS HOM Sow and S Elkton. M	tockto	n Stre	als, P eets	P.A.	
	23. PART I. Enter the diseases, or complications that caused shock, or heart fallure. List only one pause on as		not enter the	mode of dying,	such as card	ilec or reapl	ratory arres	Interval Batween	
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	Qu.		Jula	v o	_(e	zer	Onset and Death	
_	DIFTE (OR AS A	CONSEQUENCE OF	F):	11	A	D	(/,		
ě	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE O	7:/	_		- 01	u		
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	ner	Kins	0					
CERTIFICATION	that initiated events resulting in death) LAST	aut	,	Fauber	uc-			İ	
	PART II. Other significent conditions contributing to death bu	t not regulation	In the under	dulan nation altern	Ja Dani I	24e, WAS AN	AUTOBON	24b. WERE AUTOPSY FINDINGS	
CAL	PART II. Other significent conditions contributing to death but	t not resulting	iii ule uligei	rying couse given	i in Part I.	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDI						1 YES 2	∐ NO	OF DEATH?	
N.									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHEB	8. PLACE OF DEATH	(Check only or	10)			
14S	t YES 2 NO 1 Inpetient 2 ER/Outpe 27. MANNER OF DEATH 26e. DATE OF INJURY	tient 3 DOA	4 CHursing	Home 5 Residen	_	r (Specify) SCRIBE HOW I	NJURY OCCI	JRED	
A P	1 Natural 8 Pending (Month, Day, Year)	IN.	JURY	WORK?		VOI.1011 1			
D BY	3 Suicide 6 Could not be 28e. PLACE OF INJURY - building, etc. (Specif	— At home, ferm,	street, factory,	office		ATION (Street of Town, State)		or Rural Route Number,	
ET	4 Homicide determined								
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of community								
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER									
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA		/	D061	81		Fe	b. 18, 1991	
	Joseph G. Lanzi, M.D. 72	1 Bridge		et El	lkton,	MD 2	1921		
0	TEB 1 9 91 Julia David		82						
	U							DHMH-18 Rev 1/80	



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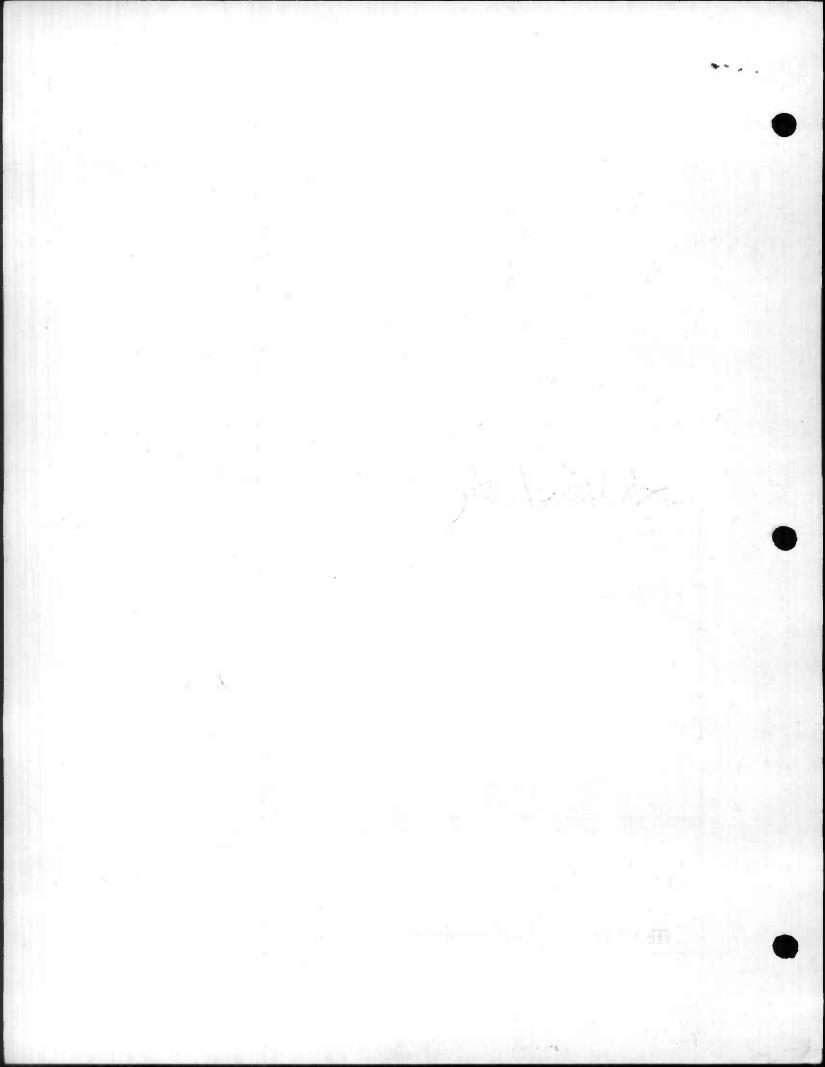
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	DIE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL	HYGIENE REG. NO.			
1. OECEOENT'S NAME (First, Middle, Las Robert Victo	·				2. DATE O	oruary 1	o, 1595	3. TIME OF DEATH 10:40A M	
4. SOCIAL SECURITY NUMBER 219 22 4408		(in yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE C		a. BIRT	HPLACE (State or Foreign	
99. FACILITY NAME (If not institution, glad VAMC, Perry Point RESIDENCE OF DECEDENT				y Point,			0c. COUNTY OF DEATH Cecil		
10e. STATE 10b. COUP		10e, CITY	r, TOWN OR LOC	re de Gi	cace			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
330 S. Union	Street			10f. ZIP CODE 2107	78	10g		WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? X YES IF YES, GIVE WAR OR O	2 NO	If yes,	ECENDENT OF HISPA specify Cuben, Maxic ES 2 NO Speci	en, Puarto R	? (Specify Yea or Ni lican, etc.)	Blo	CE — American Indian, ck, White, etc.	
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) NO info.	DUCATION		usual occupa vork done during e retired.)	most of working					
17. FATHER'S NAME (First, Middle, Last) John Hi k es						liddle, Meiden Surne McCann			
190. INFORMANT'S NAME (Type/Print) VAMC. Perry Poin		Per	ry Poi	t end Number or Aural nt, Maryl		21902			
20s. METHOD OF DISPOSITION XIXBuriel 2 Cremation 3 Record of Control of Cont	MC	other place)	e Vete	ran Ceme		Hur	lock	, Md.	
Anden	I Ster	0				Elkt	on, l	ain St., Md. 21921	
23. PART I. Enter the diseases, or completations that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) a. Respiratory failure Due to (or as a consequence of): Chronic obstructive pulmonary disease Due to (or as a consequence of): Chronic obstructive pulmonary disease Due to (or as a consequence of): Curonic obstructive pulmonary disease Oue to (or as a consequence of): Oue to (or as a consequence of):									
PART II. Other significant conditi	one contributing to death I	out not reaulting	in the underly	ing cause given in	Part i.	24a. WAS AN AUTO PERFORMED 1 YES 2 1 N	?	IN. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 ©inpetient 2 □ ER/Out		OTHER:	PLACE OF DEATH (C		,			
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigatio	26e. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c.	Ome 5 Residence NJURY AT WORK? YES 2 NO		CRIBE HOW INJUR	Y OCCURED		
3 Suicide 6 Could not t 4 Homicide determined	28a PLACE OF INJUR	Y — At home, farm, s	street, factory, or	fice		ATION (Street end N or Town, State)	umber or Rura	/ Route Number,	
CONSUM DINY	/SICIAN: To the best of my known NER: On the basis of examination							o(e) and manner ee stated.	
1966 MIGHATURE AND TITLE OF CERTIF	In mx)		29c. LICENSE NU D-4029		290	2 /10	O (Month, Day, Year)	
JANET VITTONE 31. DATE FILED (Month, Day, Year)	, M.D. VAMC,			ryland 2	1902				
31. DATE FILED (MONT) Day Year)	policial	Apridall						OHMH-16 Slev 1/8	



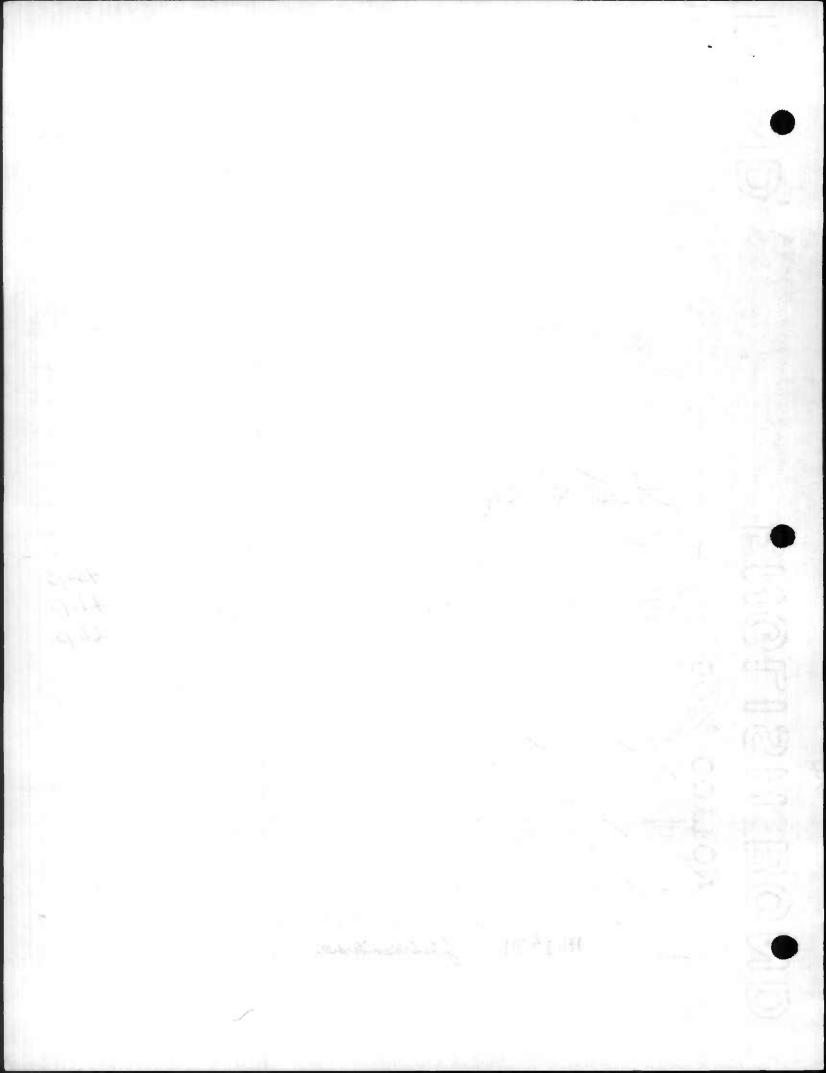
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTR	A
1, OECEOENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	ricalotticat					UNIE				HEG. NO			
7	1. OECEOENT'S NAME (First		e Hami	1ton	₩.					2. DATE OF DEATH D		YEAR 1991	3. TIME OF DEATH 10:54 a.m.M
	4. SOCIAL SECURITY NUME		. SEX	6. AGE (In yrs. lesi		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		6. BIRTHI Country	PLACE (State or Foreign
82.	none	1	☐ M 2.X.XE		YAS.	months	4	HOURS	mirt.	2-7-91			t. Md.
	9a. FACILITY NAME (If not in	stitution, give stree	t end number)			9b. CITY,	TOWN C	R LOCAT	TION OF DE	ATH	9c. COU	NTY OF DE	ATN
DIRECTOR	THE JOHNS	HOPKINS	HOSPIT	AL	E	BALT	IMOR	E C	ITY		BALT	IMORI	E CITY
Ä	10e. STATE	10b. COUNTY	0		10c. CITY,								10d. INSIDE CITY LIMITS?
	Md.		Cecil			1	Elkt	ton					1 TYES 2 KNO
¥	10e. STREET AND NUMBER		7				101	. ZIP CO		0.1	10g. CIT		HAT COUNTRY?
Ä	239 Sycam	-							219		L		S.A.
FUNERAL	11. MARITAL STATUS 1 Never Married 2		FORCES? 1	T EVER IN U.S. ARI	NO If yes, specify Cuben, Mexican,						or No-		- American Indian, , White, etc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:									r.	specify: White			
ED		EOENT'S EDUCAT		16a. DE	CEDENT'S L	JSUAL OC	CUPATIO	ON of word	Han	16b. KIND OF BU	SINESS/INI	DUSTRY	
ᄪ	Elementary/Secondary (6	- 1	College (1-4 or 5	life.	Do NOT use	retired.)	iunng mo	at or won	ung				
COMPLETED													
8	17. FATNER'S NAME (First, M		info							ME (First, Middle, Meider y Lynn H		ton	
BE	19a, INFORMANT'S NAME (IIIIO	1 401	****								
5	Cathy Lynn		ton	190	239	Syca	a mo	ce]	Rd.,	Elkton,	Md .	219	921
- 3	20e. METHOD OF DISPOSIT		al from State	20b. PLACE	ANO DATE	OF DISPO	OSITION	(Name	_		CATION -		77.000
	4 Donation 5 Other	The state of the s		EIKt	on Co	William William	_				lkto		
	21. SIGNATURE OF FUNERAL HEACT LICENSEE 22. NAME AND ADDRESS OF FACILITY Gee Funeral Home 259 E. Main St., Elkton, Md. 21921												
	<i>xha</i>	w XI.	Xe	ρ						EIK	ton,	Ma.	. 21921
MEDICAL CERTIFICATION	ahock, or heart fellure. List only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a												
OCA										PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME													1 TYES 2 NO
	4												
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	_	HOSPITAL:			OTHER		LACE OF	DEATH (Ch	eck only one)			
YSI	1 TYES 2 TO	1		ER/Outpetient 3		4 🗆 Nun	sing Hon		Residence	6 Other (Specify)			
		Pending	28e. DATE Of (Month, I		26b. TIME INJ			ORK? YES 2		26d. OEŞCRIBE NOW	INJURY OC	CUREO	
BY	2 Accident	Investigation	28e. PLACE (OF INJURY — At he	me, farm, s	treet, fact			Пио	281. LOCATION (Street	and Numbe	v or Bural B	Toute Number
ED	3 Suicide 6 4 Homicide	Could not be determined	building	, etc. (Specify)			,	-		City or Town, State)	or ridier r	tonie,
	29a. CERTIFIER 1 CER	TIFYING PHYSICI	AN: To the hest o	f my knowledge de	with occurre	of at the t	lme date	and pla	co. and due	to the cause(s) and m	onner se etc	ted	
COMPLET	anal city) and menner as stated.
BE C	296. SIGNATURE AND TITLE	OF CERTIFIER	11	/				29c. L	CENSE NUI	MBER	29d, DA	TE SIGNED	(Mgnth, Day, Year)
TO B	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Tvon	Print)						2/12	191
	L. Kyle Wa	Iker	1510	Blayloc	Ľ (N. L	Voll	× 57	TOKNS	Hor	Kins	Hospital
	31. DATE FILED (Month, Day)	FEB 1	32. REGISTR	AR'S SIGNATURE							, ,		
	4/12/11	ILD	1. 31	gus	- Joseph	Stort-	Mande	200					DHMH-16 Rev 1/89

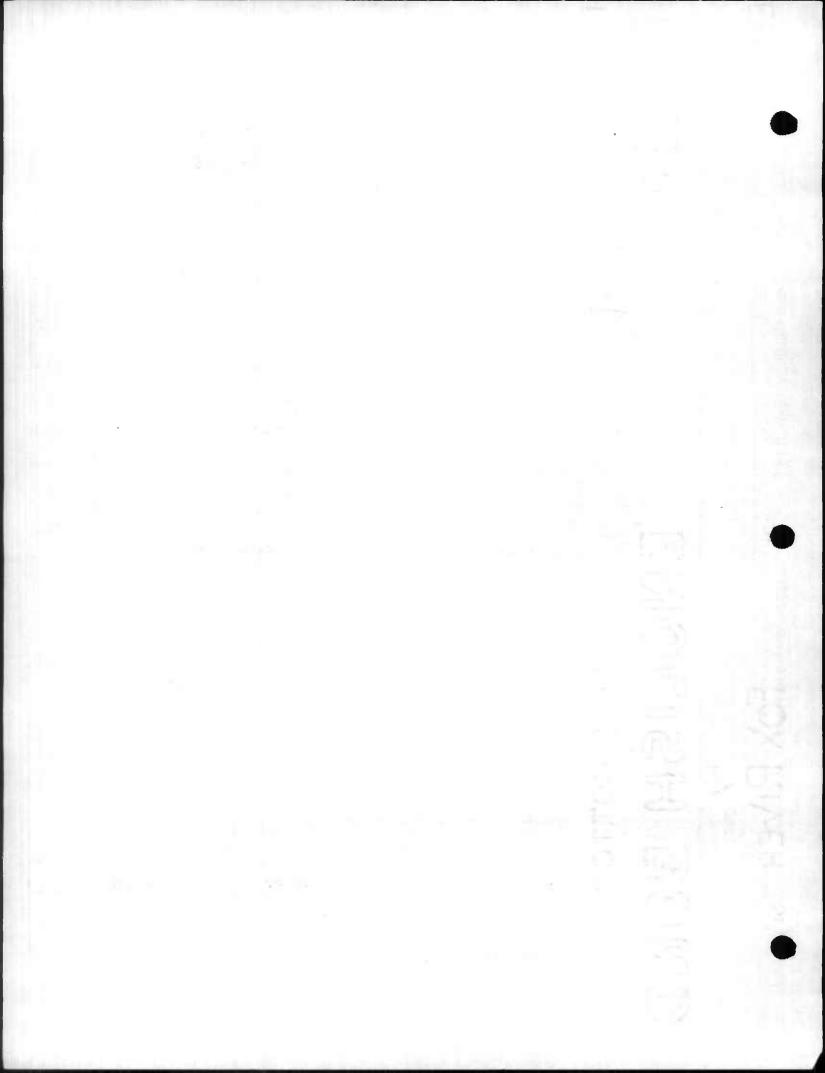


DHMH-16 Rev 1/89

death.	funer
after	by the
4 hours	filled in t
NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	: After this certificate has been signed by the attending physician and completely filled in by the funer
ficate be ex	physician a
death certi	e attending
at the	by th
requires th	een signed
we law	has b
SICIAN: Th	certificate
FH.	ir this
NION	t: Afte

Steven 31. DATE FILED (Month, Day, Year)
FEB 1 4 '91

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTIF					MENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Dors S Ann	Doris Ann Hudson						2. DATE MONTH	OF DEATH	y ye	3. TIME OF DE	ATH 5PM
	4. SOCIAL SECURITY NUMBER 226 - 64 - 0127		AGE (In yrs. last birthday,	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (F BIRTH Day, Year)	I B.	BIRTHPLACE (State or Country)	Foreign
OR	9a. FACILITY NAME (If not institution, give s HOLY Cross	HOSPIta	:1	96. CITY 511	VEV	R LOCATION	ON OF DE	ATH		9c. COUNTY	Virginia of DEATH 1490MEN	
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	v N/A	10c. C	TY, TOWN	-	on Wash	ingt	on			10d. INSIDE CILLIMITS?	
BAL	100. STREET AND NUMBER 3982 F. Care	itol =	5+.		101.	ZIP CODI	E			10g. CITIZEN	OF WHAT COUNTRY	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Detroroad	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO			city Cuba	n, Mexica	n, Puerto F	? (Specify Yes lican, atc.)	or No.— 14.	RACE — American In- Black, Whita, atc. Specify: Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th		16a. DECEDENT' (Give kind o life. Do NOT	S USUAL Of work done use retired.)	during mos	ON st of worldr	ng		KINO OF BUS			
NO.	17. FATHER'S NAME (First, Middle, Last)		Cauca			18. MOT	HER'S NA	ME (First, A	fiddle, Malden	Surname)		
BE C	Raburn Glover					B	ovel	la	Scott			
TO E	19a. INFORMANT'S NAME (Type/Print) Herman E. Hudson		19b. MAILIN	6817 Wash	s (Street a	eorg	ia A	venu	20012	W. #S	5 03	
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE ANO OA of cemetary, cremato	onv N	placa) lemor	ial	Park	OATI	16 I	andove	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	ll	22.	NAME AN	421	ss of fa	ourma 9th	rshall Stree D. C.	's Fur t, N.	neral Home W.	€,
	23. PART/I./Entar tha diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause Metasta	on each line.	xarci		da of dy	ing, auc	h aa carc	liac or respin	ratory arrest	Approxi Interval Onset a	mate Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE									
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	na contributing to da	ath but not resulting	g in tha u	ndariyin	g cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY AWALABLE PRIC COMPLETION O OF DEATH? 1 YES 2	F CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL				26, PL	ACE OF D	DEATH (Ch	eck only or	10)			
Sic	EXAMINER?	HOSPITAL:	R/Outpetlant 3 🗆 DOA	OTHE 4 - Nu		6 5 A	asidenca	6 Othe	r (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF IN. (Month, Day,		IME OF NJURY M	28c. INJ WO	PRK?	□ NO	28d. DES	CRIBE HOW I	NJURY OCCUP	RED	
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF II building, etc	NJURY — At home, farm L. (Specify)	, street, fac	ctory, offic	4			ATION (Street a or Town, State)	and Number or	Rural Route Number,	
COMPLET	one)	ER: On the best of m									ause(a) and manner a	s stated.
H H		apiro mo					ENSE NUI				IGNED (Month, Day, Yel	nr)
5	30. NAME AND A CORESS OF PERSON W. Steven J. Shaj				en Ro	ad;	Silv	ver S	pring,	Md.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR										



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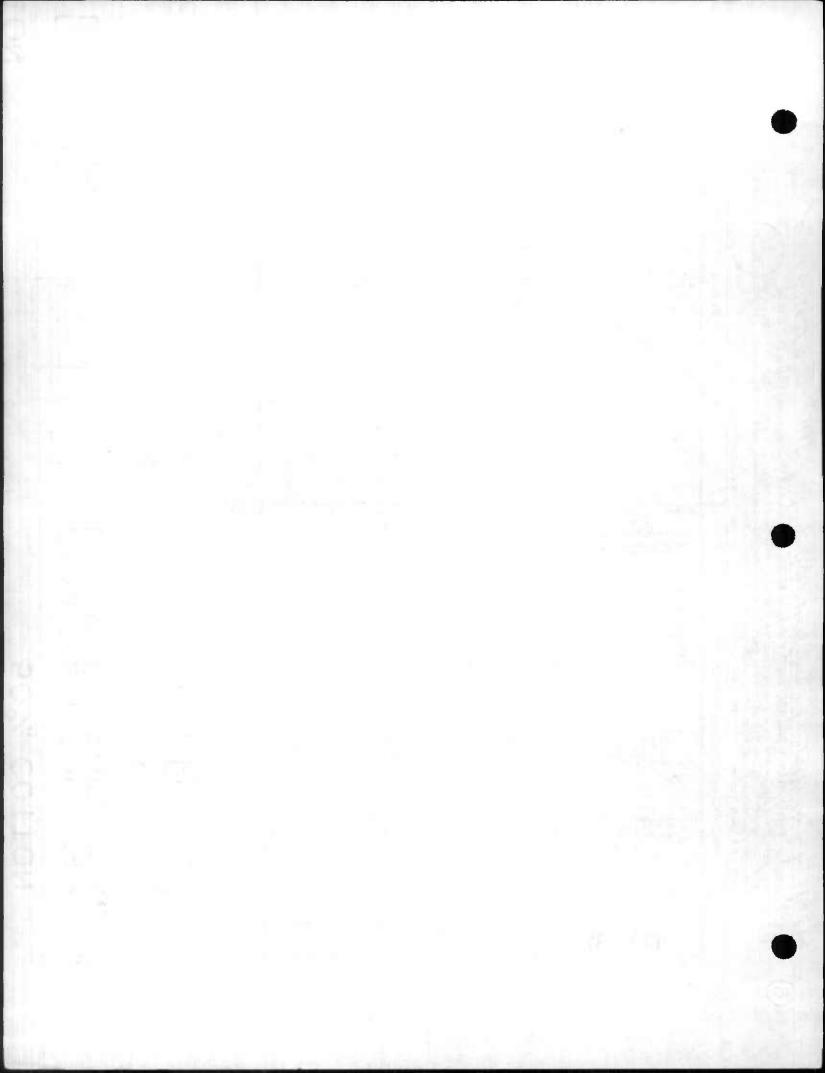
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be biscured within 24 frous after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trape filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGISTHAH			· · · · · · · · · · · · · · · · · · ·	CENTIF	IOAIL		DEA		HEG. NO	/.		
	1. DECEDENT'S NAME (First,		_				77			2. DATE OF DEATH MONTH February	MY 7	1991	3. TIME OF DEATH 1:05 P M
-3	Ella Mildr										07		
- 1	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
- 1	579-16-0170		1 M 2 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	02/03/14			ington, DC
	9a, FACILITY NAME (If not in		A			04 0-	Types	OR LOCATI	ON 05 =		T e		
						90. CITY,			ON OF DE	EATH		INTY OF DE	
5	DOCTORS CON	MMUNITY	HOSPITA	AL			LAN	HAM			PRIN	CE GE	EORGE
5 1	RESIDENCE OF DEC	CEDENT											
ú	10a. STATE	10b. COUNTY	-		10c. CIT	Y, TOWN C	R LOCA	ION					10d. INSIDE CITY
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	Maryland		e George	S	Un	iver							41
ŧΙ	10e. STREET AND NUMBER						10	. ZIP COD	E		10g. CIT	IZEN OF W	HAT COUNTRY?
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۵	3 Widowed 4 Divo	proed											Whitre
3	15, DEC	EDENT'S EDUC	ATION	16a	DECEDENT'S	USUAL O	CCLIPATION	ON		16b. KIND OF B	ISINESS/IN	DUSTRY	
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4	Elementary/Secondary (0	0-12)	College (1-4 or 5	+)	INE. DO NOI U	se remed.)							
	10th	_		I	Housew	ife				Own	Home		
COMPLE	17. FATHER'S NAME (First, M	Aiddie, Last)						18. MOT	HER'S NA	ME (First, Middle, Maide			
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4		THE RESERVE AND ADDRESS OF THE PARTY OF THE	ncham					P	earl	Mayfield			
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-	George G/H	of fran	0		6712	10+L	A ===	m110	YT2	Monatha D	1-	MD (20702
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	21. SIGNATURE OF FUNERA	A SERVICE LIE	finnes /	11	ПТПСО	22.	NAME A	ND ADDRE	SS OF FA	CILITY	JI.EIII-	WOOd	Maryland
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-	17.	- //	1000	700	-1	<u>/</u> +/.	39 E	alti	more	Ave. Hy	attsv	ille	MD 20781
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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empletely filled in by the funeral director, pa	n, or removal.	medical examiner mus
iding physician and completely f	Hygiene prior to burial, crematio	r other traumatic event, the
ate has been signed by the atte	tate Dept. of Health and Mental	tem 28 is marked, or item 23 shows any injury, or other traumat
AL DIRECTOR; After this certific	2 hours after death with the Si	if item 28 is marked, or i
TO THE FUNER	be filed within a	IMPORTANT:

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FUNERAL DIRECTOR

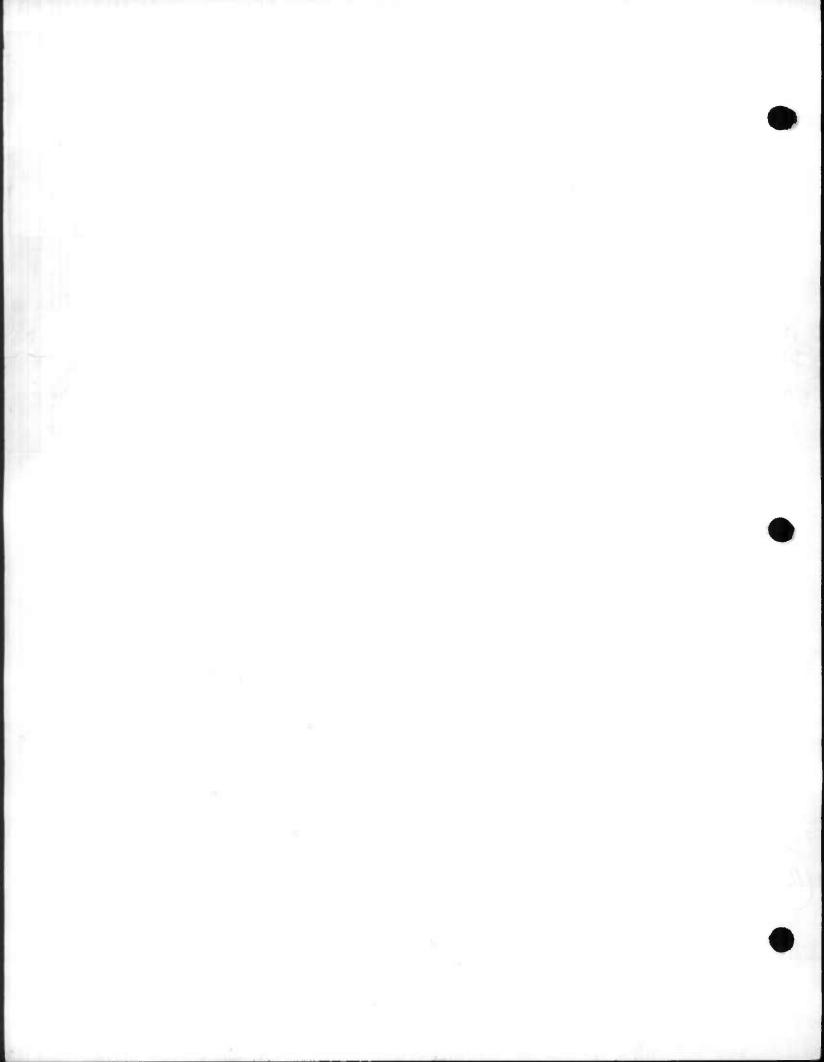
BY

COMPLETED

10a. BTATE

05226 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RANDOLPH A MONTH 1230 PM 10/ 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State Virginia 225-32-8108 LM 2 0 F 2 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RESIDENCES mi PF 1513-7th Street RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10b. COUNTY 6 (BNAPDEN 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 45 06 20 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 2 Married 1 YES 2 NO Plack Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) CLERK GPOZER! 12th Private 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First, Middle, Maiden Surname) Richard Holliday Susie Osborne 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elizabeth Barnes (Sister) 316 Channing Street, NE: Washington, DC 20002

20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from 4 Donation 6 Other (Specify)	State 20b. PLACE OF	Harmor	of cemetery, crematory or		LOCATION — City of	
21. BIGHATURE OF FUNERAL SERVICE LICENSEE	Rive Ck.	22. NAI	E AND AGORESS OF FA	nkins Fu	neral Hom	ne
23. PART I. Enter the diseases, or complice abook, or heart failure. List only	tions that coused the death y one couse on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)	THEPO SCIBRA DUE TO (OR AS A CONSEQUE	STIC CONCE OF):	DRONARY	HEARD	Dis.	Onaat and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE	DEM11	1	. 8		
PART II. Other eignificant conditions contribute to Light Label 1379			tying ceuse given in	PE O 1 C Y	S AN AUTOPSY REORMED? ES 2 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER? 1 YES 2 NO 1 Inp	PITAL: patient 2 ER/Outpatient 3	DOA 4 Nursing	Home 5 Residence	8 Other (Specify)	
27. MANNER OF DEATH 26. Netural 5 Pending 2 Accident Investigation	n. DATE OF INJURY (Month, Day, Year)	INJURY	: INJURY AT WORK?	26d. DEŞCRIBE H	OW INJURY OCCURE	0
	PLACE OF INJURY — At home, building, atc. (Specify)	, farm, atreet, factory,	offica	201. LOCATION (S City or Town,	treet and Number or Ri State)	urel Route Number,
one)	the best of my knowledge, death a besta of examination and/or inve					use(a) and manner sa stated.
29b. SIGNATURE AND TITLE OF CONTIFIER AUTHOR	roman / R	· LARKIN	29c. LICENSE NU	MBER	29d. DATE SIG	NED (Mopth, Day, Year)
	ETEO CAUSE OF DEATH (ITEM 2	T) (Type, Print)	of and	707		
FD 1 1 10 1	REGISTRAR'S SIGNATURE					

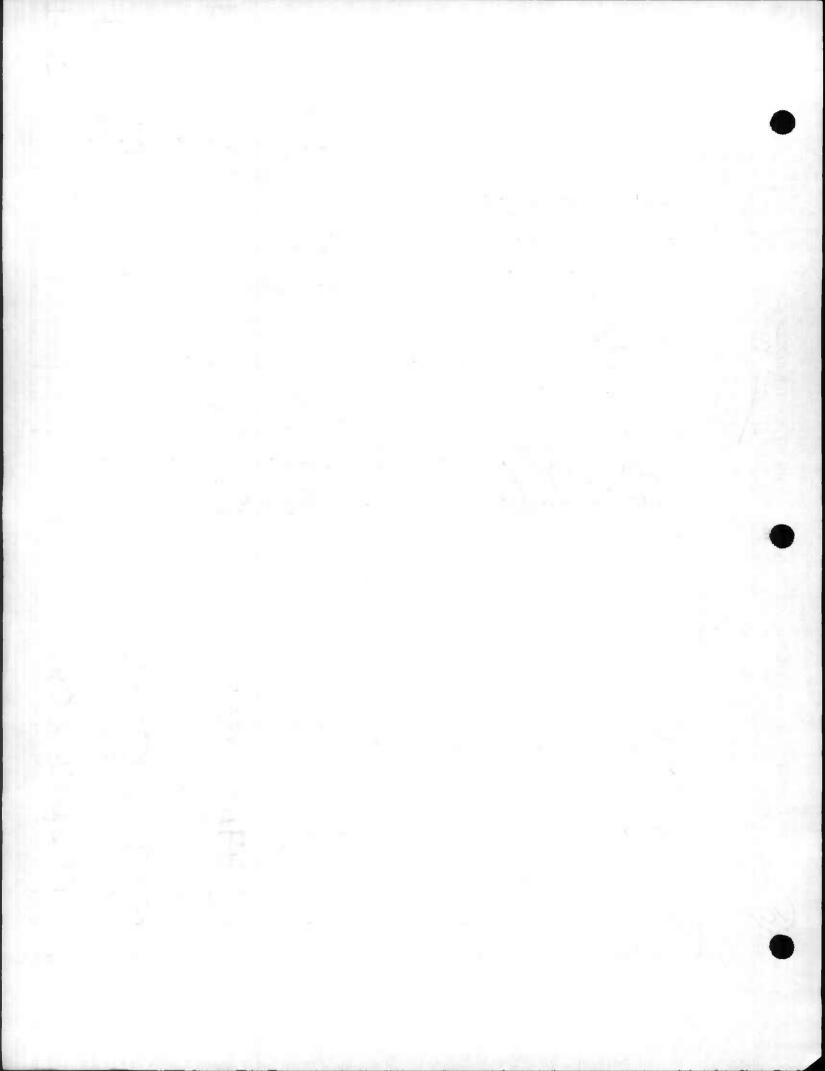


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O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be die field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	FOR 1 STATE	STATE OF N							MENTAL HYGIEI	VE .	91	05227
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last			ERTIF	ICAT	E OF	DEAT	ГН	REG. NO 2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
į.	Lena Adelle Nac	omi Hender	6. AGE (In yrs. I	la ne de feebrele et	l er inne	R 1 YEAR	IF UNDER		February 7. DATE OF BIRTH	9, 1	991	10:40 A M
8	578-10-0982	1 M 2 NF	79	YRS.	MONTHS	DAYS	HOURS	MIN.	July 16,	011	Country)
	9a. FACILITY NAME (If not institution, give		10		9h. CIT	Y. TOWN C	OR LOCATI	ON OF DE			LOUG NTY OF DE	lon Cnty, VA.
Œ			.1					****				
DIRECTOR	Doctors Communit		11			nham				I Pri	nce (George's
RE	MD.				.,	OR LOCAT						10d. INSIDE CITY LIMITS?
		P.G.		Co.	Lleg	e Pa:				_		1 X YES 2 NO
FUNERAL	9014 Rhode Isla	and Avo				101	. ZIP COD	• 770		10g. CIT		HAT COUNTRY?
N	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II O	PMED	140	WAS DEC			VIC ORIGIN? (Specify Y	an No	U.S.	
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2	NO	13	If yes, sp		ın, Mexica	n, Puerto Rican, etc.)	on or No—		— American Indian, , Whita, etc. %: White
03	15. DECEDENT'S ED		16a. t	DECEDENT'S	USUAL (OCCUPATION	ON		16b. KIND OF B	USINESS/IN	DUSTRY	
Ti.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6	+)	(Give kind of He. Do NOT u	work done) aunng mo	ast of works	ng				
AP.	9		Wa	aitres	SS				Restau	ırant		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maide			
BE	George W. Spen	cer							a Saphonia			
2	190. INFORMANT'S NAME (Type/Print) Donald & Claire	D				•			Route Number, City or To		,	
-	204. METHOD OF DISPOSITION	Dunn)r.,/	Arnold MD.			
	Weburial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	-	col corneta Cedar	ry, cremator	I Cer	place) netei	СУ	Feb	11,1991			
	21. SIGNATURE OF FIGNERIAL SERVICE	Land	nd .		R. 4.	obert 308 S	E.W.	iss of fa lilhe and	elm Inc., Rd.,Suit1	and M	ID., 2	0746
	23. PART I. Enter the diseases, o shock, or heart feilure IMMEDIATE CAUSE (Final	s. List only one car	use on each li	na.			,	ring, suc	h as cardiac or rea	piratory a	rrest,	Approximata interval Between Onset and Death
	disease or condition resulting in death)		OR AS A CONS	SEQUENCE (DF):	we	- /	1.	llatin			
CERTIFICATION	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING	b. DUE TO	Veut OR AS A CONS	SEQUENCE (OF):	- 6	rec	M	Joil	eno		
TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	ON OY	SEQUENCE (OF):	$\tilde{\alpha}$	ten	4	cline	220		
CE		d	DVOI	,000	7	~ 1	1	J				+
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions to the conditions of the co	one contributing to	death but no	t resulting	in the u	underlyin	g cause	given in	Part I. 24a, WAS / PERFO	ORMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF	DEATH (C	heck only one)			- 3
Sic	1 TYES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 N		ne 5 🗆 R	lesidence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		F INJURY Day, Year)	26b. Ti	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE HOV	VINJURY O	CCURED	
	3 Suicide 6 Could not b		OF INJURY — At, etc. (Specify)	home, farm,	, street, fa	ictory, offi	ce		281. LOCATION (Street City or Town, Sta		er or Rurel I	Route Number,
COMPLETED	(Oriota triny	Principal Control of the Control of							e to the cause(a) and n			a) and manner as stated,
BE C	296. SIGNATURE AND THE OF CENTUR	slass n	n				29c. LK	ENSE NU	and .	29d. DA	TE SIGNED	(Month, Day, Year)

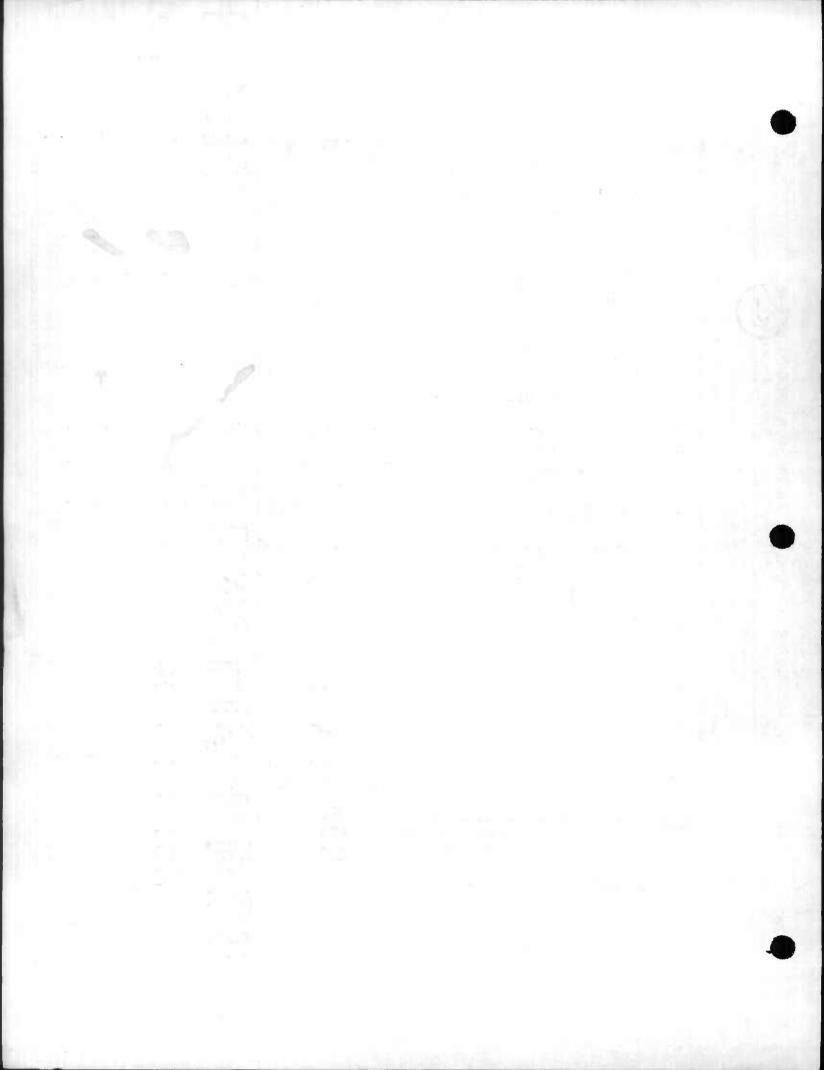
Sulia Navidson Randalle

DHMH-16 Rev 1/89



1275-0020	or filterand physical
BALTIMORE, MARYLAND 21215-0020	 Page 6 may be retained by the hospital eral director, page 5 should be detached to niner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or firm and mysical to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ilCIAN: The law requires that the death ce certificate has been signed by the attendin the State Dept. of Health and Mental Hyg , or Item 23 shows any Injury, or or
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYS TO THE FUNERAL DIRECTOR: After this obe filed within 72 hours after death with IMPORTANT: If Item 28 is marked

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY		3. TIME OF DEATH
	John Art	hur HENI	DERSON			February		991	2:00 A.M.M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			PLACE (State or Foreign
J	579-09-3946	1 🔀 M 2 🗍 F	73 YRS.	MONTHS DAYS	HOURS MIN.	6/19/18		Was	hington,DC
	90. FACILITY NAME (If not institution, give st Doctors Comm	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW			OR LOCATION OF D	EATH		NTY OF D	
	RESIDENCE OF DECEDENT	unity Hospit	cal	La	nham		Pri	Ince	Georges
	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	ITION				10d. INSIDE CITY LIMITS?
5	Maryland		Glen	Arde	n		ACC.	9	1 YES 2 NO
2	10a. STREET AND NUMBER				H. ZIP CODE		10g. CIT	IZEN OF V	WHAT COUNTRY?
	8621 Glenarden				20706			S.A.	
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEOENT EVER I FORCES? 1 YES	2 NO	If yes, s	pectfy Cuban, Mexic	NIC ORIGIN? (Specify Yean, Puerto Rican, atc.)	or No—	Black	— American Indian, c, White, atc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 U YE	S 2 NO Speci	fy:		Speci	Black
ם ב	15. DECEDENT'S EDUC (Specify only highest grade	CATION CONTRIBUTED	18a. DECEDENT'S U	ISUAL OCCUPAT		16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	retired.)					
	12th grade		Truck	Drive		Drive			
3	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Surname)		7
10	John Arther H	enderson,		ADDRESS (Stand	Addie	Byra Route Number, City or Toy	us Chata 71	in Courtel	
2	Claudia Hender	con				arkway G]			5M a
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE				CATION -		
i	1 Deputies 2 Cremetion 3 Remo	oval from State of	cemetary, crematory	Memor	al Parl	k2/15/91	Lan	dove	r Md
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME	ND ADDRESS OF F	ACILITY	- 10.7		
1	-					Funeral			ah Da
	23. PART I. Enter the diseases, Dr o	complications that cause				Street, Non an cardiac or reep			Approximate interval Between
CALIDIA	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS OUE TO (OR AS	a CONSEQUENCE OF	Ga	Ames stric	Carci	150	np	Onset and Death
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
		d							<u> </u>
MEDICAL	PART II. Other algolificent condition	e contributing to death	but not resulting in	n the underlyl	ng cause given in	1 Part I. 24a. WAS AI PERFO	RMED?	246	N. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)	-		
5	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:		6 Other (Specify)			
L	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. t	JURY AT /ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY O	CCURED	
בת פו	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Spo	Y — At home, farm, st			28f. LOCATION (Street City or Town, State	and Numbe	er or Rurel	Route Number,
Ų	204 CENTIFIED		satis illustration	M-MESS			man en		
COMPLEIE	(Check only	ICIAN: To the best of my known in the best of examination							a) end menner se stated.
ם	29b. SIGNATURE AND TITLE OF DESIGNATURE	Dann	\sim		29c. LICENSE NO	JMBER	29st. DA	2/5	(Mgreth, Case, Wass)
2	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)				11	-
	31. DATE FILEO (Month, Day, Year) FEB 13 '91	32. REGISTRAR'S SIG				2-			
	1 1 2 2 7 0 1	The same town							



permit. Pages 1. 2, 3 should

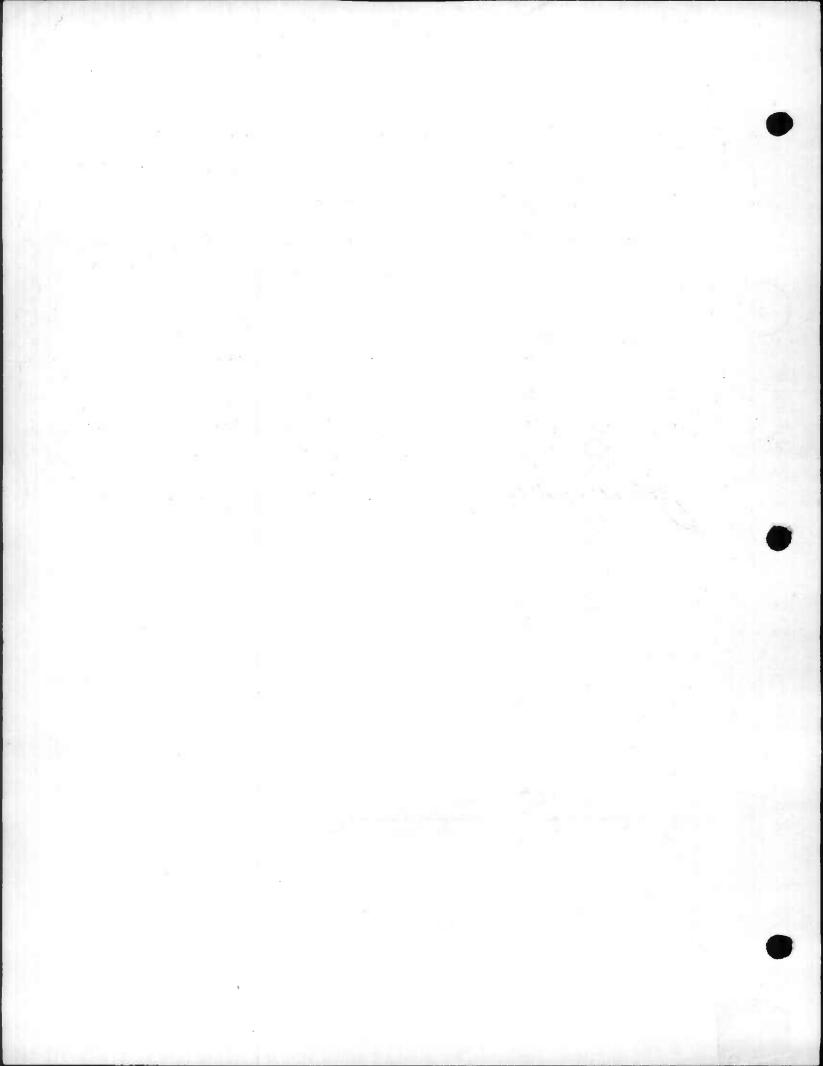
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 flows after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

8

E TEVER IN U.S. ARME I VES 2 NAR OR DATES	98. O 10c. CITY, TOW SALI	NDER 1 YEAR HIS DAYS CITY, TOWN OF SALIS VIN OR LOCATION SBURY	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DI SBURY ON	7. DATE OF BIR (Month, Day, OCT.22	6, 19 TH (bar) 1920 9c. COL	8. BIRTHP Country N. C	AROLINA
E TEVER IN U.S. ARME I VES 2 NAR OR DATES	PRS. MONTH 9b. C 10c. CITY, TOW SALI	NDER 1 YEAR HIS DAYS CITY, TOWN OF SALIS VIN OR LOCATION SBURY	R LOCATION OF DISBURY	7. DATE OF BIR (Month, Day, OCT.22	1920 9c. cou	8. BIRTHP Country) N. C INTY OF OE	AROLINA
E NT EVER IN U.S. ARME I VES 2 XHO MAR OR DATES	9b. C	SALIS VIN OR LOCATE SBURY	R LOCATION OF DI SBURY ON	OCT.22	1920 9c. COL	N. C	AROLINA
E NT EVER IN U.S. ARME I _ YES 2NO NARI OR DATES	SALI	SALIS WN OR LOCATE SBURY	SBURY	EATH	1	ICOMI	
E NT EVER IN U.S. ARME I _ YES 2NO NARI OR DATES	SALI	N OR LOCATI	ON		L_W		
E NT EVER IN U.S. ARME I _ YES 2NO NARI OR DATES	SALI	SBURY			111-1-		CO
NT EVER IN U.S. ARME I YES 2 NO MAR OR DATES	ED T		710 0005				10d. INSIDE CITY LIMITS?
NT EVER IN U.S. ARME I YES 2 NO MAR OR DATES	ED	101.			100 00		1 X YES 2 NO
NT EVER IN U.S. ARME I YES 2 NO MAR OR DATES	ED		2 180	1	log. Gri	US	
MAR OR DATES		13. WAS DECE	NDENT OF HISPA	NIC ORIGIN? (Spe	city Yea or No-		- American Indian, White, atc.
1			cify Cuban, Mexica 2 X NO Specif		HC.)	Specify	
16a. DECE	EDENT'S USUA	L OCCUPATIO	N t of working	16b. KIND	OF BUSINESS/IN	DUSTRY	WULLE
+)	kind of work do NOT use retin		t or working				
AL	L ASPE	CTS				TURAN	T
CUTUDELL					0.	70117	0
		RESS (Street ar					S
1	240 B.	MIDDI	LENECK D	R. SALT	SBURY.	MD 2	1801
20b. PLACE OF	F DISPOSITION						
WICOM					SALISBU	RY, M	D
2.1		HOLLOV	VAY FUNE	RAL HOM			21801
OR AS A CONSEQU	JENCE OF):						
							-
o death but not res	sulting in the	a underlying	cause given in		MAS AN AUTOPSY PERFORMED? YES 2 [] NO		AVAILABLE PRIOR TO
death but not rea	sulting in the			10	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	ОТІ	26. PL	ACE OF DEATH (C)	1 []	PERFORMED? YES 2 NO		COMPLETION OF CAUSE OF DEATH?
□ ER/Outpatient 3 □	DOA 4 -	26. PL HER: Nursing Home 28c. INJI	ACE OF DEATH (CI	1 [] seck only one) 8 [] Other (Spec	PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
0	CUTHRELL 19b. 1 20b. PLACE for other place WICOM WICOM wit cansed the dest up on each line.	CUTHRELL 19b. MAILING ADDR 1240 B, 20b. PLACE OF DISPOSITION other place) WICOMICO ME of carled the death. Do not en	CUTHRELL 19th. MAILING ADDRESS (Street are 1240 B. MIDDI 20th. PLACE OF DISPOSITION (Name of commother place) WICOMICO MEMORIAI 22. NAME AN HOLLOW 501 SN 124 Carlsed tha death. Do not enter the modulus on each line.	CUTHRELL MARTHA 19b. MAILING ADDRESS (Street and Number or Rural 1240 B. MIDDLENECK D. 20b. PLACE of DISPOSITION (Name of cemetery, crematory or other place) WICOMICO MEMORIAL PARK 22. NAME AND ADDRESS OF PA HOLLOWAY FUNE 50 1 SNOW HILL of carsed the death. Do not enter the mode of dying, such and one each line.	The consequence of: 16. MOTHER'S NAME (First, Middle, MARTHA (19b. MAILING ADDRESS (Street and Number or Rural Route Number, City 1240 B. MIDDLENECK DR. SALI 20b. PLACE of DISPOSITION (Name of cemetery, crematory or other place) WICOMICO MEMORIAL PARK 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOM 501 SNOW HILL RD, SA and capted the death. Do not enter the mode of dying, such as cardiac of the consequence of: 16. MOTHER'S NAME (First, Middle, MARTHA () 18	CUTHRELL MARTHA (unk) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zi 1240 B. MIDDLENECK DR. SALISBURY. 20b. PLACE of Disposition (Name of cemetery, crematory or other place) WICOMICO MEMORIAL PARK 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY of carsed the death. Do not enter the mode of dying, such as cardiac or respiratory as a	CUTHRELL MARTHA (unk) JONE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1240 B, MIDDLENECK DR, SALISBURY, MD 2 20b. PLACE of Disposition (Name of cometery, crematory or other place) WICOMICO MEMORIAL PARK 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MD at careed the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, and of the careed the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, and of the careed the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, and of the careed the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, and the careed the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, and the careed the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, and the careed the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, and the careed the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, and the careed the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, and the careed the death.



BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "Selvours after death. Page 6 may be retained by the hospital or attending prosician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_	REGISTRAN		CL	-11111	ICATE	_	DLA	111	HEG. N	O.			
	1. DECEDENT'S NAME (First, Middle, Lest) Helen Hahey	1					2. DATE OF DEATH MANONTH 102 13 91			3. TIME OF DEATH 2228 M			
	V			1									
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	4	8. BIRTH Country	PLACE (State or Foreign y)	
	204 - 22 - 1768	1 □ M 2 🔀 F 78				MONTHS DAYS HOURS MIN. 01-07-13				3	PENNSYLVAN		
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN	OR LOCAT	ON OF DE	ATH	9c. CO	UNTY OF D		
DIRECTOR	Peninsula Gene	ral Ho	spital		5	Bali	sbu	ry		V	icon	nico	
5	RESIDENCE OF DECEDENT												
2											10d. INSIDE CITY LIMITS?		
	PENNSYLVANIA CHESTER ELVERSON 1										1 YES 2 X NO		
BY FUNERAL	10e. STREET AND NUMBER					10	. ZIP COD	E		10g. Ci	TIZEN OF W	HAT COUNTRY?	
8	RT. 1 BOX 156 B						195	20			USA		
3	11. MARITAL STATUS		IT EVER IN U.S. AR		13.	WAS DEC			IC ORIGIN? (Specify	Yee or No-			
	1 Never Married 2 Married	2 Married FORCES? 1 YES 2 HO							n, Puerto Ricen, etc.)		Speci	t, White, etc.	
	3 Wildowed 4 Divorced	11 120, 0112	an on pares			1 1 123	X	Specify			Speci	"White	
COMPLETED	15. DECEDENT'S EDUC	CATION	18a, DE	CEDENT'S	USUAL O	CCUPATI	ON		18b, KIND OF	BUSINESS/IF	DUSTRY		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G life.	ive kind of Do NOT u	work done se retired.)	during mo	st of work	ing					
<u> </u>	12	College (1-4 of 5	"		ATEC				DIVADA	AA CEIT	DICAT	C	
₹I	17. FATHER'S NAME (First, Middle, Last)			S	ALES		10 MOT	HED'S NA	ME (First, Middle, Mak	ACEU		5	
									_, .,,	en sumene)			
BE	ARTHUR HOOPES		Ť			110-0			ONES				
٩	19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRES:	5 (Street i	ind Numbe	r or Rural I	Route Number, City or	lown, State, 2	Sip Code)		
_	RONALD HAHEY			I Br	into	n La	ke k	d T	HORNTON	PA.	19373		
	20e. METHOD OF DISPOSITION 1 □yBuriel 2 □ Cremation 3 □ Rema	eval from State	20b. PLACE other place		SITION (No	ame of ce	metery, cre	matory or	20c.	LOCATION -	- City or To	wn, Stata	
	4 Donation P Other (Specify)	1			HTA	MEMO	RTAI	PAR	K FRA	ZER	PA		
	21. SIGNATURE OF FUNERAL BERVICE LIE	PHILADELPHIA MEMORIAL PARK FRAZER PA AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY											
	»//O/C.//	HOLLOWAY FUNERAL HOME, PA											
	(- The	u	1		15	01.8	NOW	HILL	RD., SAI	ISBUI	Y M		
- 1	23. PART I. Enter the diseases, or cashock, or heart fallure.	complications the	use on each line	ath. Do	not anter	the mo	ode of dy	/Ing, suc	h as cardiec or re	spiratory s	rrest,	Approximate Interval Between	
- 1	IMMEDIATE CAUSE (Finel											Onset and Death	
- 1	diseese or condition reaulting in death)	disease or condition Anteniogal anotic Gardiayagaylar Digaga									vears		
	Todating in douting		(OR AS A CONSE			-							
z													
일	Sequentially list conditions, if emy, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
8	cause. Enter UNDERLYING												
Ē	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
F	resulting in desth) LAST	4											
CERTIFICATION													
MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuee given in Part I. 24s. WAS AN AUTOPSY PREFORMED? ANALABLE PRIOR TO												
5	COMPL										COMPLETION OF CAUSE OF DEATH?		
											- 1	1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (Ch	eck only one)				
ᅙ	EXAMINER?	HOSPITAL:			OTHE	R:							
ĭ.			ER/Outpatient 3	_				Residence	8 Other (Specify)				
표	27. MANNER OF DEATH 1 XX Natural 5 Pending	28e. DATE O (Month,	Pay, Year)	28b. TII	JURY	W	JURY AT DRK?		28d. OEŞCRIBE HO	W INJURY C	CCURED		
BY	2 Accident Investigation				М	1 🗆	YES 2	□ NO					
	3 Suicide 6 Could not be	28e, PLACE building	OF INJURY — At he , etc. (Specify)	ome, ferm,	street, fac	tory, offi	ca		281. LOCATION (Str. City or Town, St		per or Rural	Route Number,	
	4 Homicide determined												
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	f my knowledge, de	eath occur	red at the	time, dat	and plac	e, and due	to the cause(a) and	menner ee s	tated.		
ž	(Check only one) 2 X MEDICAL EXAMINE											i) and manner as stated.	
8													
BE	29b. SIGNATURE AND TITLE OF CERTIFIED							CENSE NUI		29d. D.	02	(Month, Day, Year)	
	John 5 0 5	ulbelle	D€	eput	у М.	E.		0359	39	_ P ,	9T-1	4-91	
2	30. NAME AND ADDRESS OF PERSON WH		36.										
,	John T. Bulkel	еу, М.	D., 10)8 P	ine	Blu	ff	Rd.	Salish	oury,	Md.		
7	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE							,			
/	TCD 1 1-10-4	10.	- , m										
	FEB I /I SI	gue	widen B									DHMH-16 Rev 1/89	
		U										PLIMILI- TO LIEA 1/98	

transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3

STATE OF MADVI AND / DEPARTMENT OF HEALTH AND MENTAL HYCICHIC

	1 - STATE REGISTRAR		ICATE O			REG.						
	1. DECEDENT'S NAME (First, Middle, Last)		Hank	ns. J		2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH			
	JACKSON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH		991 8. BIRTH	PLACE (State or Foreign			
	218-05-8312 1 ¹ ⊠ м 2 □ F 67	YRS.	HOURS	FEB. 22	. 22, 1923 MARYLAND							
ERAL DIRECTOR	9e. FACILITY NAME (If not institution, give street and number) WATER VIEW NURSING HOME RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DEATH SALISBURY WICOMICO									
	10e. STATE 10b. COUNTY	10c. CIT	TY, TOWN OR LO	ATION					10d. INSIDE CITY LIMITS?			
	MARYLAND WICOMICO		SALISBU	RY					1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER CROOKED OAK LANE			10f. ZIP CODI	1801		10g. CF	YHAT COUNTRY? A				
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 TYPES IF YES, GIVE WAR OR DATE ARMY WWII	2 NO	If yes,		n, Mexicen	C ORIGIN? (Specify , Puerto Ricen, etc.		14. RACE Black Speci	E — Americen Indian, k, White, atc. lly: WHITE			
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	USUAL OCCUPA work done during	TION most of working	g	18b. KIND OF	BUSINESS/IN	DUSTRY				
LE	Elementary/Secondary (0-12) College (1-4 or 5+)	iife. Do NOT u				0.11	COMP	2777				
COMPLETED	12 YEARS NO 17. FATHER'S NAME (First, Middle, Last)	SALE	ESMAN	18. MOTI	HER'S NAM	ME (First, Middle, Mai	COMPA	INY				
BE C	ANDREW JACKSON HOPKINS	, SR			NICE	VIRGI		BAILE	Y			
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	t and Number	or Rural R	oute Number, City or	Town, State, Z	ip Code)				
=	LINDA WALDRON-DAUGHTER	93 SA	ANGA RD	CORD	OVA,	TENN.	38018	3				
	20e. METHOD OF DISPOSITION 2/15/91 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State WICOMICO MEMORIAL PARK SALISBURY, MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	4	HOLI		FUNE	RAL HOME	•	, MD	21801			
	immediate cause (Finei disease or complications that caused it shock, or heart feiture. List only one cause on each immediate cause (Finei disease or condition resulting in desth) Due to (OR AS A Co.	ilne.	emer the s	node of dyl	ing, such	as cerdlec or n	espiratory s	rreet,	Approximate intervel Between Onset end Daeth			
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Christian Clarate Globa Vascular Disease Globa Cause Globa Vascular Disease Globa Cause Globa Vascular Disease Globa Cause Globa Vascular Disease Globa Cause Globa Vascular Disease Globa Cause Globa Vascular Disease Globa Vascular Disease Globa Cause Globa Vascular Disease Globa Cause Globa Vascular Disease Globa Cause Globa Vascular Disease Globa Vascular Disease Globa Cause Globa Vascular Disease Globa Cause Globa Cause Globa Vascular Disease Globa Caus											
	PART II. Other significent conditions contributing to deeth but	not reaulting	In the underly	ing cause	given in i	Part i. 24a. WAS	WAS AN AUTOPSY 24b. WERE AUTOPSY					
MEDICAL	Chronic Obstructive Fung		FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO							
Ä												
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
HYS	1 ☐ YES 2 3 NO 1 ☐ Inpatient 2 ☐ ER/Outpatie 27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIR	ME OF 28c.	ome 5 Re	esidence	8 Other (Specify) 28d. DESCRIBE HO	OW INJURY O	CCURED				
ВУ РІ	1 Naturel 5 Pending (Month, Day, Year) 2 Accident Investigation	IN	JURY M 1 [WORK? YES 2] NO							
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	atreet, factory, o	Tice		28f. LOCATION (St. City or Town, S		er or Runal I	Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
BE	396. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (MORTH, Day, Year) 100 8008 201. DATE SIGNED (MORTH, Day, Year)											
10	140 MAS C. Hill JR 108	Pile		L Rd	5	Balisb	vily,	Md	. 21801			
4	31. DATE FILED (Month, Day, Ybar) ST. REGISTRAR'S SIGNATURE SIGNA											
									DHMH.16 Rev 1/6			

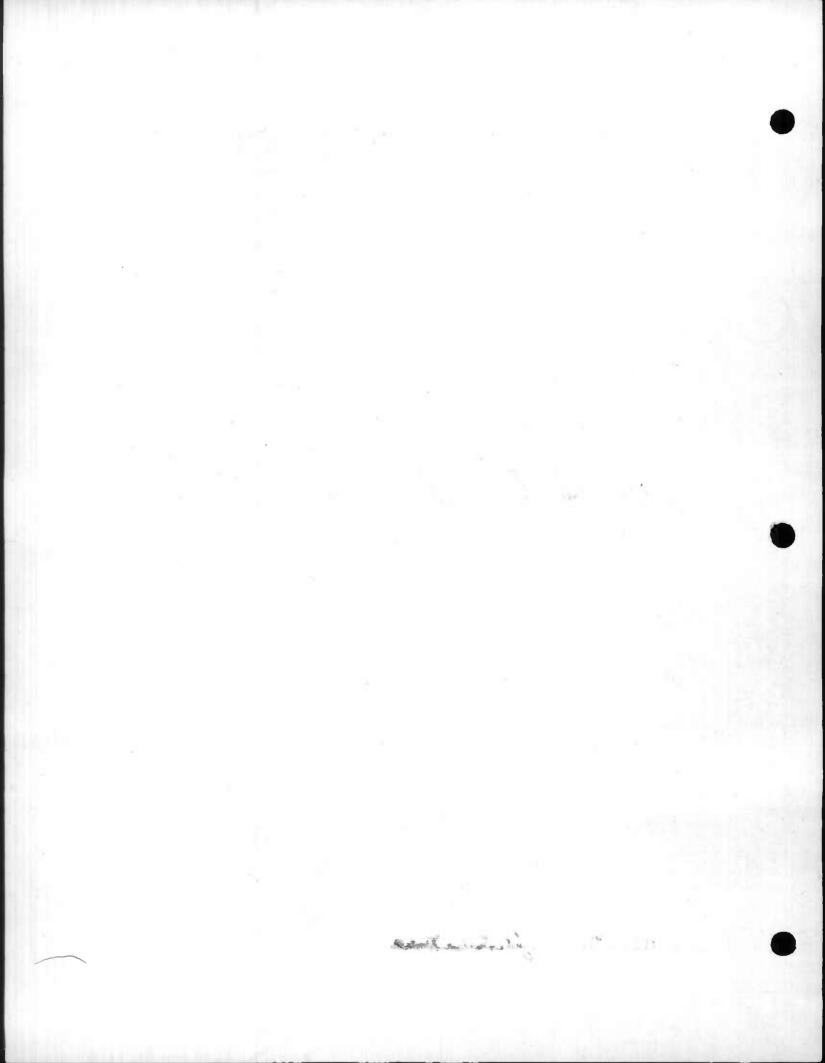
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within servicus after death. Page 6 may be retained by the hardon TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

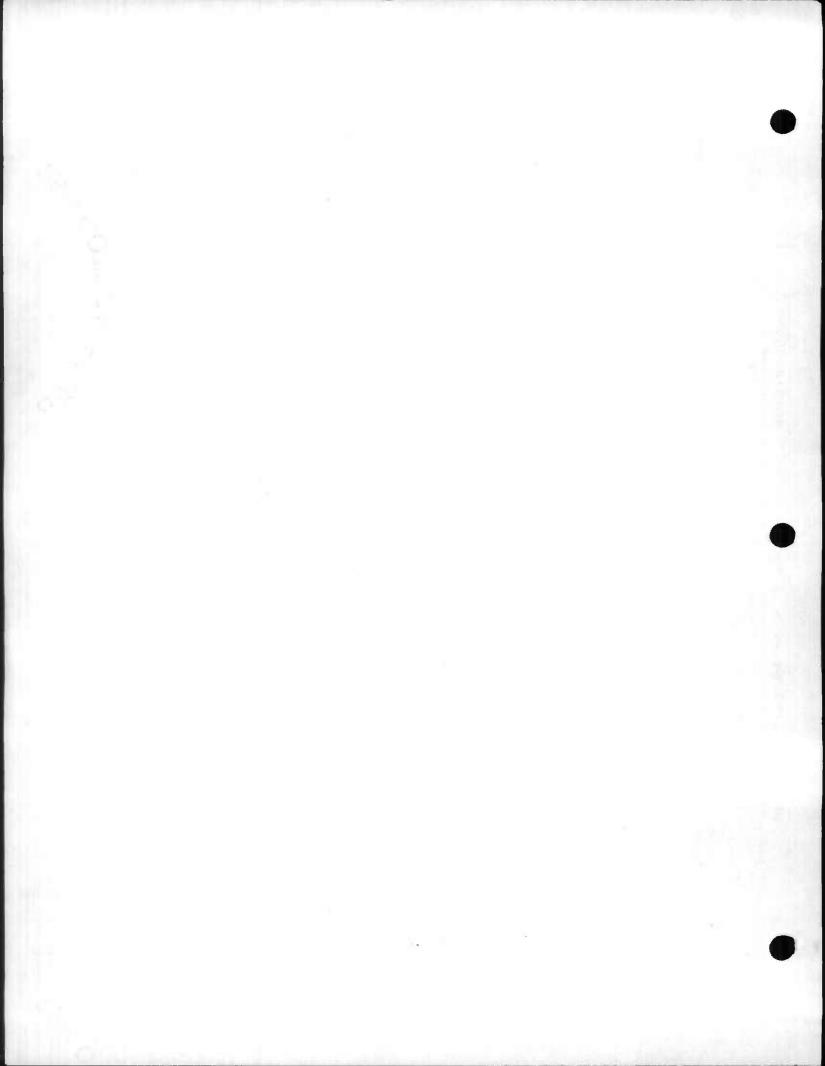
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89



permit. Pages 1, 2, 3 should

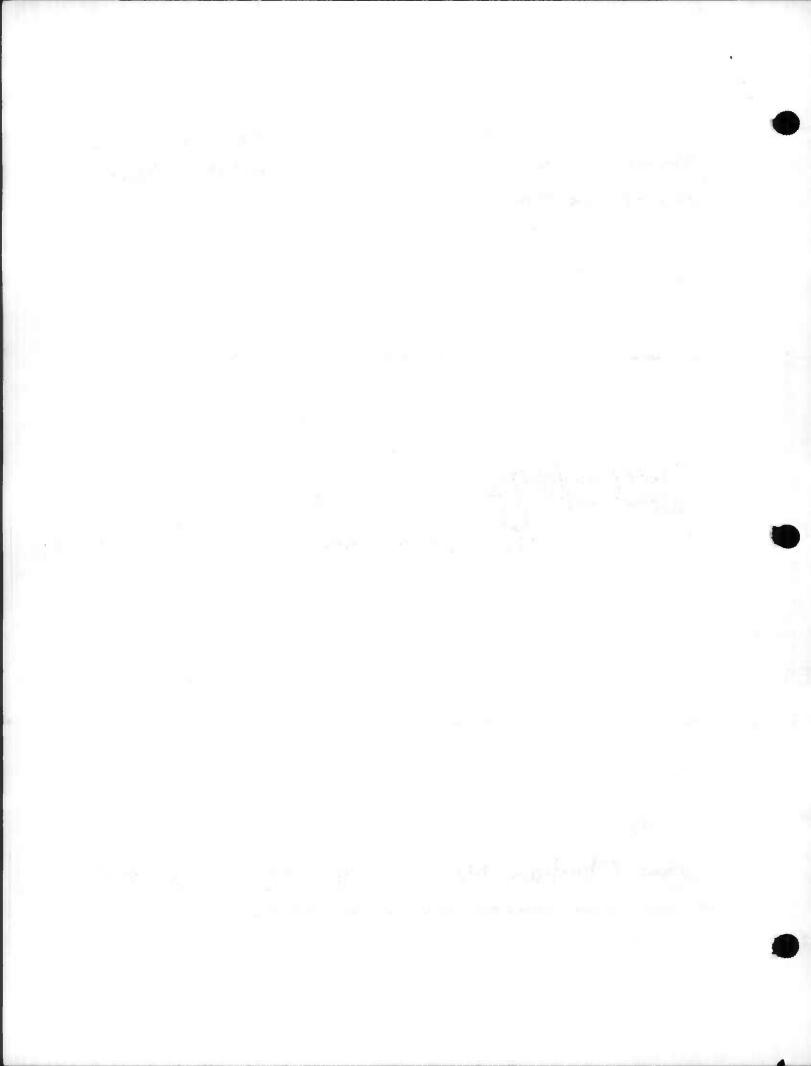
1	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT (MENTAL HYGIENE REG. NO.							
!	1. DECEDENT'S NAME (First, Middle, Leat)		HOLBE	OOK	2. DATE OF DEATH	199"	3. TIME OF DEATH					
	11 - 12 1201	SEX 6. AGE (In yrs. last to	"	EAR IF UNDER 24 HRS. AVS HOURS MIN.	7. DATE OF BIRTH (Mgnth, Day, Year)	0	HRTHPLACE (State or Foreign ountry)					
	9a. FACILITY NAME (If not institution, give street	and number)	9b. CITY, TO	OWN OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH					
TOR	PENINSULA GENERAL	L HOSPITAL		SALISBURY		WICOMICO						
DIRECTOR	10a. STATE 10b. COUNTY Som	RRSRE	10c. CIEV, TOWN OR	NNMd.	10d. INSIDE CITY LIMITS? 1 - YES 2 NO							
FUNERAL	100. STREET AND NUMBER	RANN Md		2/85	3	10g. CITIZEN OF WHAT COUNTRY?						
	11. MARITAL STATUS 12 1	FORCES? 1 YES 2 14	If	S DECENDENT OF HISPAN	n Puerto Rican, etc.)	- 3	RACE — American Indien, Black, White, etc.					
ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATI	IF YES, GIVE WAR OR DATES	EDENT'S USUAL OCC	YES 2 -NO Specify	16b, KIND OF BUS		Specific (K.					
COMPLETE	(Specify only highest grade con	noleted) (GM	e kind of work done du Do NOT use retired.)	ing most of working	TE 6.1							
M		1/20	ACL JX	URL	Xouir	12	uck inc					
BE CO	17. FATHER SNAME (First, Middle, Leet) WALLACTE	WRITE		GENE	ME (First, Middle, Melden	MB5						
10	190. INFORMANT'S NAME (Type/Print) 180. MAILING ADDRESS (Street and Number or Rural Route Number, City or Jown, State, Zip Code) POB 465 TL. ANN Md. 21853											
	20a. METHOT OP DISPOSITION 1 Generation 3 Generation State 20b. PLACE OF DISPOSITION (Name of commettery, crematory or commettery) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State											
	21 ANGHATURE OF FUNERAL SERVICE LICEN			ME AND ADDRESS OF FA	1	/						
4	I Quarell -	foch		30 kg 7/1	4 P1815	74.	SALOBURYM					
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis	nplications that caused the des	th. Do not enter ti	ne mode of dying, suc	h as cerdiac or respi	ratory arrest,	Approximate Interval Between					
	IMMEDIATE CAUSE (Final disease or condition	Carcinon	ma d	Land	y - Meta	wtati	C GWWW					
_	DUE TO (OR AS A CONSEQUENCE OF):											
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate										
CERTIFICATION	CAUSE (Disease or Injury that infiliated events resulting in death) LAST											
	d											
ICAL	PART II. Other significant conditions of		seulting in the und	erlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
MED!							1 TES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C/	neck only one)							
SIC		IOSPITAL:	DOA 4 Number	ng Home 5 - Residence	6 Other (Specify)							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		Sc. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED					
BY	1 Natural 5 Pending 2 Accident Investigation		M	1 YES 2 NO								
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At her building, etc. (Specify)	me, farm, street, factor	y, office	26f. LOCATION (Street City or Town, State)	and Number or i	Rural Route Number,					
COMPLE	(Critick Gray /	AN: To the best of my knowledge, dec On the basis of examination and/or is										
BE C	290, SIGNATURE AND TITLE OF CENTIFIER	10.5.1	\ \ \ \ \ \	29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year)						
5	30. NAME AND ADDRESS OF PERSON WHO	_	1 27) (Type, Print)	0. /	1/4/		1					
4	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	<u>al·</u>	Md	2/80/							
	FFR 1 4 91	Lilia Knindana Bon	LIE.									



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sometiments after death. Page 6 may be retained by the hospital or attending physician.	THE FUNEFAL DIRECTOR: After this certificate has been signed by the attention principle of more incompletely filled in by the funeral director, there such accounts by detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	be fled within 12 hours after death with the State Dept. of regain and Merida hyperic prior to bound, demander, or removed. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HO	THE FUI	MPORTA!

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Lest) Robert Le	e Headley				2. DATE OF DEATH MONTH FED. 17,	2. DATE OF DEATH MONTH FEb. 17, 1991 YEAR 11:25 P. M					
	227-30-8204	CXM 2 □ F 62	YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-2-1928	۷i	IRTHPLACE (State or Foreign ourity) TGİNİƏ				
TOR	9a. FACILITY NAME (If not institution, give street BOX 184-B FIBRORS S	r Location of DE	ATH	9c. COUNTY C								
FUNERAL DIRECTOR	Maryland 106. COUNTY Char	cles	10c. CITY, TO Wa	OWN OR LOCATI	ON			tod. INSIDE CITY LIMITS? 1 ☐ YES 2 ∑XHO				
IERAL	Box 184B Franc e s St	reet			20603		10g. CITIZEN OF WHAT COUNTRY?					
B	11. MARITAL STATUS 12. 1	WAS DECEDENT EVER IN U.S FORCES? 1 Tyes 2 IF YES, GIVE WAR OR DATES	Ø No	If yes, spe		IC ORIGIN? (Specify Yea n, Puarto Rican, etc.)		RACE — American Indian, Black, While, etc. Specify: White				
BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade composition of th	ON 16a pieted) 16a offege (1-4 or 5+)	Give kind of work If Do NOT use re WOODCIA	done during mos tired.)	N st of working	US Government						
E COM	17. FATHER'S NAME (First, Middle, Last) OSCAT J. Headley	1				ME (First, Middle, Meiden Kate Warw						
TO B	19a. INFORMANT'S NAME (Type/Print) Judy Byus 19b. Mailing address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Box 184B Frances St., Waldorf, Md. 20603											
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Memoral from State 4 Donetion 5 Other (Specify) Donetion State Donetion Donetion State Donetion State Donetion Donetion Sta											
	RITHIONATURE OF PUNERAL SERVICE UCINS	M00857	7	Huntt	Funeral Box 15	Home 6, Waldorf	, Md. 2	20604				
	Approximete interval Between Onset and Death Approximete interval Between Onset and Death											
CAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST											
PHYSICIAN: MEDICAL CI	PART II. Other aignificant conditions of	ontributing to death but i	g cause given in	Pert i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
ICIAN		OSPITAL:		THER:	ACE OF DEATH (Ch							
BY PHYS	1 VES 2 NO 10 27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	Inpatient 2 ER/Outpatie 28a, DATE OF INJURY (Month, Dey, Year)	28b. TIME O	F 28c, INJ Y WO M 1 1	URY AT RK? 'ES 2 NO	8 Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED						
	3 Suicide 8 Could not be 4 Homicide determined	Duliding, atc. (Specify)										
COMPLETED	(Critick Orlly	N: To the beat of my knowledge. On the basis of examination are						use(a) and menner as stated.				
TO BE C	29b. SIGNATURE AND TITLE OF SENTIFIER	itian, Ms)		DC 65	UMBER 29d. DATE SIGNED (North, Day, Year) ≥ 2/18/9						
	Dr. James Christian	, 2100 Penns	ylvania	Ave., N	W, Wash	ington, DC						
	FEB 2 0 91	32. REGISTRAR'S SIGNATU	- Randell									



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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Low works after death. Page 6 may be retained by the hospital or	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF M			TMENT				MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	William N	lilton L	eo H	OLME:	S			2. DATE O	F DEATH DA	i	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE O	F BIRTH Day, Year)	T	8. BIRTHPL Country)	ACE (State or Foreign
	217-16-2012	1 🖾 M 2 🗆 F 7			MONTHS	DAYS	HOURS	MIN,	Aug. 8	1917		Mary	land
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	TOWN O	R LOCATIO	ON OF DE	EATH		9c. COUN	TY OF OEAT	гн
e B	University of MD	Hospita			Bal	timo	re				Ci	ty	
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN C	OR LOCATI	ION					10	od. INSIDE CITY
E	Maryland Wa	shington		Sha	rpsb	urg						1	YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER						ZIP COOL				10g. CITI		AT COUNTRY?
E	5933 Sharpsburg P	ike					2178	2				USA	
5	11, MARITAL STATUS 1 X Never Merried 2 Merried	12. WAS DECEDEN' FORCES? 1	EYER IN U.S. AR	MED 10					NIC ORIGIN? In, Puerlo Ri	(Specify Yee can, etc.)	or No—	14. BACE - Black, V	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	WWII			1 TYES	2 📉 NO	Specif	y:			Whit	е
	15. DECEDENT'S EDUCATION 16a.				USUAL O	CCUPATIO	N .		16b.	KIND OF BUS	SINESS/IND	USTRY	
<u> </u>	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5 +	iii.	Do NOT u	work done se retired.)	auring mos	st or worker	ng			7.		
COMPLETED				Farm	er					Agricu		9	
	17. FATHER'S NAME (First, Middle, Lest) John W.	17. FATHER'S NAME (First, Middle, Lest) John W. Holmes 18. MOTHER'S NAME (First, Middle, Meiden Surmerne) Betsy Elizabeth Daughe'								hertv			
B	199, INFORMANT'S NAME (Type/Print)	110		- MAH M	ADDRES					or, City or Tow			
2	Robert Teays, Jr.									MD 21		Oudey	
	20e. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemeters, crematory or other place)												
	4 Donation 5 Other (Specify)	CENSEE 4 A	- Mt.V1	ew C	- 4		D ADDRE	SS OF FA	ACILITY	_	iar ps	burg,	MD 21702
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE OSBORNE FUNERAL HOMES P.O.Box # 348 Williamsport, MD 21795												
	23. PART I. Epfer the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or reapiratory srrest, Approximate interval Between												
	IMMEDIATE CAUSE (Final										Onaet and Death		
	disease or condition resulting in desth) a. Cardiopulmonary arvest DUE TO (OR AS A CONSEQUENCE OFF)										†		
z	1100												
OT													
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	c	(OR AS A CONSE	OUENCE ()FI:								-
RT	that initiated events resulting in death) LAST		(0.1710)		,]
CE		0.							57657E				
SAL	PART II. Other significant condition	e contributing to	death but not	resulting	in the u	noenying	g ceuse	given ir	Part I.	24a. WAS AN	RMED?	1	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL									-	1 TYES	NO	(OF DEATH?
									— [1 NES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF E	DEATH (C	heck only on	9)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE 4 - Nu		10 5 🗆 R	lealdence	8 🗆 Other	(Specify)			
РНУ	27. MANNER OF OEATH	28e. DATE OF (Month, D		28b. TI	ME OF	28c. INJ WO	JURY AT		26d. DES	CRIBE HOW	INJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				М		YES 2 [□ NO			- 414 4	0.10	
ED	3 Suicide 6 Could not be 4 Homicide determined	building,	OF INJURY — At h. atc. (Specify)	ome, term	, street, fac	ctory, offic	:0		City o	ATION (Street or Town, State	ena Numbe)	r or Hurai Ho	ute Number,
COMPLET	290. CERTIFIER 1 TE CERTIFYING PHYS	ICIAN: To the best of	my knowledge d	eath occu	rred at the	lime, date	end plec	e, and de	e to the car	se(e) end ma	nner as ste	nted.	
SMP.	(Check only one) 2 MEDICAL EXAMIN												and manner ee stated.
E CC	29b, SIGNATURE AND TITLE OF CERTIFIE	R 120.	0	./		1	29c. LIC	ENSE N	JMBER		29d. DA1	TE SIGNED (Month, Day, Year)
0	Carol M.	Klim	, Singen	1 No	usest	99					>	2/10	191
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH (ITI	EM 27) (7/2	oe, Print)						•		

Carol

Klim

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'g

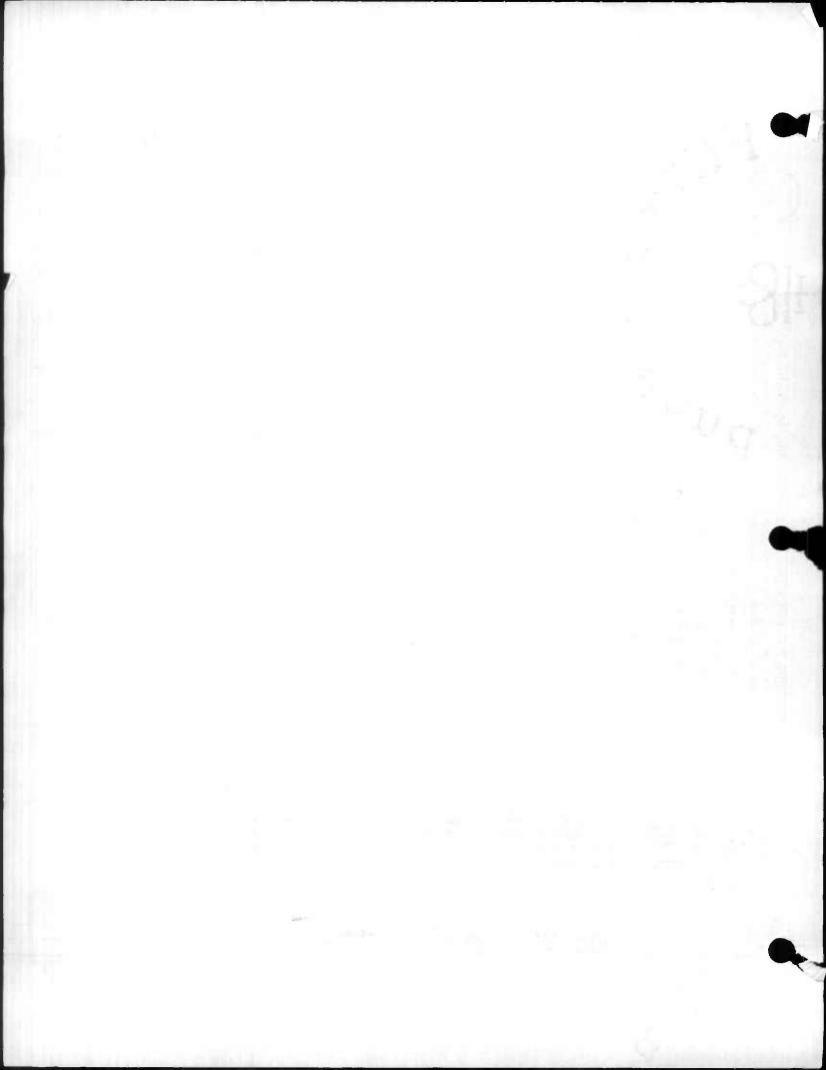
Balkmore

32. REGISTRAR'S STGMATURE June Davids

Greene St.

5.

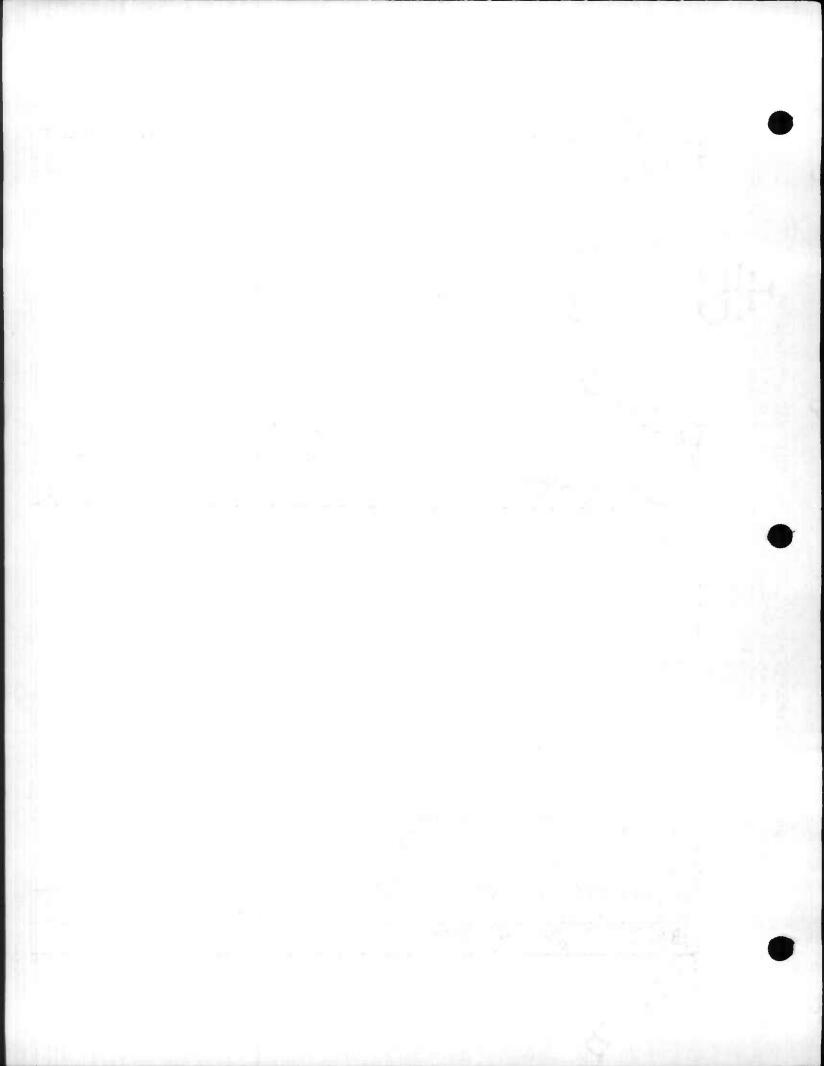
31. DATE FILED (Morth, Day, Year)
2/10 (FEB 15)



July James Sandry (TEM James Sandry Company)

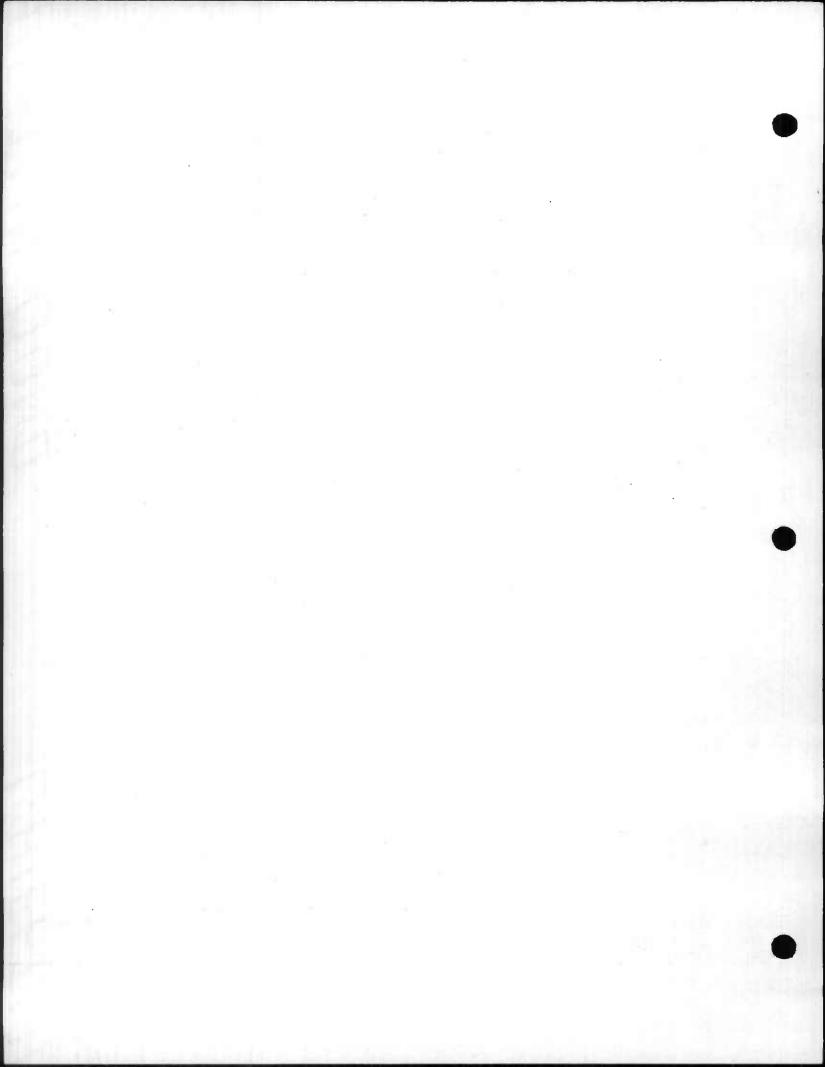
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ARTMENT OF		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	P. HO	se		W. T	2. DATE OF DEATH	2 9	01164
	4. SOCIAL SECURITY NUMBER 216-40-2021	1 M 2 XF	(In yrs. last birthda 78 YRS	MONTHS DAYS	# UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Dey. Year) March 4,	1912 M	HATTHPLACE (State or Foreign country) aryland
TOR	9a. FACILITY NAME (II not institution, give Washington Cour			1000	gerstown	EATH	9c. COUNTY Was	hington
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland Was	shington	10c. (CITY, TOWN OR LOC		r Spring		10d. INSIDE CITY LIMITS? 1 YES 2 NO
A	10e. STREET AND NUMBER Route 2			1	01. ZIP CODE 21722		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, s	ECENDENT OF HISPAI specify Cuban, Mexica ES 2 NO Specif		- N 10 U.S.	RACE — American Indian, Black, Whita, atc. Specify: White
LETED	15. DECEOENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Give kind life. Do NO	T'S USUAL OCCUPAT of work done during in T use retired.)	TION nost of working	16b. KINO OF B	USINESS/INDUST	RY
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Fred		Rubeck		16. MOTHER'S NA	ME (First, Middle, Maide	on Surname)	Wiley
TO B	19a. INFORMANT'S NAME (Type/Print) Donald L. Hose		l l			Route Number, City or To		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re 4 Donation 6 Other (Specify)			POSITION (Name of a	cemetery, cremetory or Ch.of. Go		ocation - city	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE I	Min.	ned	22. NAME MIN	AND ADDRESS OF FA	RAL HOME	Hagerst	own, Md. 217
	23. PART I. Enter the diseases, Dishock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardi		insto	y an	est		Approximate interval Batwee Onset and Dea
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· horry	A CONSEQUENCE	sur As	HD. O	engarch	tula	sevenly,
MEDICAL CE	PART II. Other algorificant condition	one contributing to death	but not resulti	ng in the underly	ing cause given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (C	heck only one)		
PHYSI	1 TYES 2 NO	1 D(Inpetient 2 DER/Out		M 4 Nursing H	ome 5 🗆 Residence	a Other (Specify) 28d. DESCRIBE HOW	N IN ILIEN OCCITE	ED
BY PI	1/K Natural 6 Pending 2 Accident Investigation	(Month, Day, Ybar)		M 1	WORK? YES 2 NO	28f. LOCATION (Stree		
ETED	3 Suicide 8 Could not b 4 Homicide determined	building, etc. (Sp	ecity)	, 554, 1261013, 01		City or Town, Sta		- Table 1
COMPLETE	(Critick Drivy	SICIAN: To the best of my kno NER: On the basis of examinati						
8	29b. SIGNATURE AND TITLE OF CERTIF	A.B.	entru	M.D	29c. LICENSE NL	MBER & O	29d. DATE 8	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON I	VHO COMPLETED CAUSE OF D	EATH (ITEM 27)	Type, Print)				

21740



BALTIMORE, MARYLAND 21203-3146	a hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, m, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit, be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. #MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF N	MARYLAND / DEPARTMI	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		00200
	1. DECEDENT'S NAME (First, Middle, Last)	Olill.		2. DATE OF DEATH MONTH DAY	Y YE	3. TIME OF DEATH AR AR AR AR AR AR AR AR AR A
	4. SOCIAL SECURITY NUMBER 5. SEX 219-54-359/ 1, M 2 - F	94 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year)	897 "	MITTHPLACE (State or Foreign
CTOR	9a. FACILITY NAME (If not institution, give street and number) PESIDENCE OF DECEDENT	g Center of	CITY, TOWN OR LOCATION OF D	EATH	465	hington
DIRECTOR	Maryland Allegany		erland			LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	_	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
NE P	Country Club Roa		21502		USA	
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	IT EVER IN U.S. ARMED YES 2 XNO WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 X NO Speci	an, Puarto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	life for NOT use retir	lone during most of working	16b. KIND OF BUS	INESS/INDUST	RY
MP	none	none		none		
8	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Meiden :	Surname)	
BE	Unknown 19a. INFORMANT'S NAME (Typo/Print)	10h MAII INO ADD	RESS (Street and Number or Rural	known	Otata Tin Con	4-1
2	W. C. Dept. of Social Serv		. Potomac Stre			
	20a METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION	(Name of cemetery, crematory or		CATION - City	
	1 😭 Burtal 2 Cremation 3 🗆 Ramoval from State 4 🗎 Donation 6 🗆 Other (Specify)	Rest Haven C		1		n, Maryland
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE A SUMMER OF FUNERAL SERVICE LICENSEE A SUMMER OF THE PROPERTY OF THE	ch	22. NAME AND ADDRESS OF F Gerald N. Min Funeral Home	nich 305	N. Pot	omac Street Marvland
	23. PART I. Enter the diseases, or complications the shock, or heart fellura. List only one ceil iMMEDIATE CAUSE (Final disease or condition resulting in death)	use on each line.	HF		ratory arrest,	Approximate interval Batween Onset and Daath
z		Chenic	Reme Fails	u		7
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	(OR AS A CONSEQUENCE OF):	Reme Fails			×
RTIF	that initiated events resulting in deeth) LAST	(OH AS A CONSEQUENCE OF):				
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions contributing to	_		Part I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)		
Sic	EXAMINER? 1 YES 2 NO 1 Inpetient 2		HER: Harsing Home 5 - Residence	6 Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	F INJURY 28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED
G	3 Sulcide 28e. PLACE (DF INJURY — At home, farm, street, atc. (Specify)	, factory, office	261. LOCATION (Street a City or Town, State)	ind Number or F	Sural Route Number,
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of 000) 2 MEDICAL EXAMINER: On the basis of 000					nuse(a) and manner as stated,
	296. SIONATURE AND TITLE OF CERTIFIER		29c. LICENSE N	JMBER	29d. DATE SI	GNED (Month, Day, Year)
) BE	Vantacth	mo	D (8	019		18-81
D 10	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CALL VASAWT DATTA		mill st 7	ACERTOL	var,	mp21240
	31. DATE FILED (Month, Day, Year) 32. REGISTR	AR'S SIGNATURE Randell				



BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be flied within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13146,	executed within	n and completely to burial, crema	matic event,
P.O. BOX	ath certificate be	tending physician al Hygiene prior 1	or other trau
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the dea	been signed by the at t. of Health and Ment	shows any injury,
F VITAL	rySiCIAN: The lav	is certificate has ith the State Dep	ed, or item 23
DIVISION C	ITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is mark
	TO THE HOSP!	TO THE FUNE! be filed within	IMPORTANT:

TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CERTIFIC	CATE C	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)	. /				2. DATE O	F DEATH DA		3. TIME OF DEAT	Н
Grace	e U	11 Hea	05			MONTH 2	- 1	d and	91 6 52	PH
4. SOCIAL SECURITY NUMBER	BER 5	SEX 6. AQ		IF UNDER 1 YE		7. DATE OF	F BIRTH Day, Year)	- 1	B. BIRTHPLACE (State or Fé Country)	reign
	1	□ M 2 💢 F	86 YRS.	IONTHS DA	YS HOURS MIN.	3000000	-/-	04	MD.	
9a. FACILITY NAME (If not in	nstitution, give stree		/	B. CITY, TO	WN OR LOCATION OF D	EATH			TY OF DEATH	
Cardinul RESIDENCE OF DEC	Shehui	n Center	AGING	7	OWSON			BA	LAMORE	-
10a. STATE	10b. COUNTY		10c. CITY,	TOWN OR L	OCATION				10d. INSIDE CITY	
MARYLAND	На	RFORD	Fore	ST H	ILL				LIMITS?	NO
10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZI	EN OF WHAT COUNTRY?	
	SPRIN				2105				TED STATE	
11. MARITAL STATUS 1 Never Merried 2		2. WAS DECEDENT EVER FORCES? 1 2 YE	S 2X NO		DECENDENT OF HISPA s, specify Cuban, Mexico			or No-	 RACE — American India Black, White, atc. 	ın,
3 Widowed 4 Dive		IF YES, GIVE WAR OR	DATES	10	YES 2 X NO Specif	ly:			Specify: WHITE	
15. DEC	EDENT'S EDUCAT	TION	16a. DECEDENT'S U	SUAL OCCU	PATION	16b. 2	CIND OF BUS	SINESS/INDU		
(Specify oni	ly highest grade coi	mpleted) College (1-4 or 5+)	(Give kind of wo	rk done durin retired.)	g most of working					
12	,	4	HOMEMA	KFR			Own i	HOME		
17. FATHER'S NAME (First, M	fiddle, Last)	· · · · · · · · · · · · · · · · · · ·			16. MOTHER'S NA					
Charl	es S.	WARNER			Мав	EL V	ANSAI	V T		
BARBARA L	Type/Print) EE HEA	ps Rudoli			RING FAC		_			
200. METHOD OF DISPOSIT						TORY	ROAD			
1X Burial 2 Crematic	on 3 🗆 Remove	al from State	other place)						ity or Town, State	
4 Donation 5 Other		mer a .71	CENTRE (EMET	ERY	ACII ITV	<u> </u>	DRESI	HILL	
	1	TOAT					11		12	0.4
pun	u	cey			KINS FUN				IC. DELTA,	PA
23. PART I. Enter the d shock, or h		nplicetions that cause on		t anter the	mode of dying, aud	ch aa cerdi	ac or reepi	iratory srre	est, Approxim	
IMMEDIATE CAUSE (FI		m	/		/				Onset and	
disease or condition	→	Ken	a/ 1	al	lute					
		DUE TO (OR AS	A CONSEQUENCE OF)							
Sequentielly list condit	lons. b.									
If any, laeding to imme ceuss. Enter UNDERLY	diate	DUE TO (OH AS	A CONSEQUENCE OF)	-						
CAUSE (Disease or Inju		DUE TO (OR A)	A CONSEQUENCE OF)							
thet initieted eventa reaulting in death) LAS	т	552 15 (51.11	, , , , , , , , , , , , , , , , , , , ,						İ	
	d.									
PART II. Other significa	ant conditione	contributing to death	but not resulting in	the under	fying cause given in	Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY F	
							1 TYES 2		COMPLETION DE (
						1			1 YES 2	NO
						_				
25. WAS CASE REFERRED 1 EXAMINER?					6. PLACE OF DEATH (C	heck only one)			
1 YES 2 NO		HOSPITAL:		OTHER: 4 Nursing	Home 5 - Residence	8 🗆 Other	(Specify)			
27. MANNER OF DEATH		26a. DATE OF INJUR (Month, Day, Yea			INJURY AT WORK?	28d. DESC	RIBE HOW	NJURY OCC	URED	
1 Natural 5	Pending Investigation	(morns, pay, roa	, ,		YES 2 NO					
2 Accident			RY — At home, farm, st	reet, factory,	office		TION (Street Town, State)		or Rural Route Number,	
2 Accident 3 Suicide 6	Could not be	28e. PLACE OF INJU building, etc. (S	pec/fy)							
a 🗆 autota		28e. PLACE OF INJU building, etc. (S	pecify)			City of	ionn, diale,			
3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF INJU- building, etc. (S	pec/fy)	f at the time,	date and place, end du				nd.	
3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only 1 CER	Could not be determined	AN: To the best of my kn	owledge, death occurred			a to the caus	e(s) and ma	nner as atate	od. e cause(s) and manner as s	rtated.
3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only 1 CER	Could not be determined TIFYING PHYSICIANICAL EXAMINER:	AN: To the best of my kn	owledge, death occurred			a to the caus e time, date s	e(s) and ma	nner as atate		rtated.
3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MED	Could not be determined TIFYING PHYSICIANICAL EXAMINER:	AN: To the best of my kn	owledge, death occurred		on, death occured at the	e to the cause time, date a	e(s) and ma	nner as atate	cause(s) and manner as a	itated.
3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MED	Could not be determined TIFYING PHYSICIA DICAL EXAMINER:	AN: To the best of my kn On the bests of axamina	owledge, death occurred		on, death occured at the	a to the caus e time, date s	e(s) and ma	nner as atate	cause(s) and manner as a	itated.
3 Sulcide 6 Sulcide 4 Homicide 6 Sul	Could not be determined TIFYING PHYSICIA DICAL EXAMINER:	AN: To the best of my kn On the bests of axamina	owledge, death occurred		on, death occured at the	e to the cause time, date a	e(s) and ma	nner as atate	cause(s) and manner as a	itated.
3 Sulcide 6 Sulcide 4 Homicide 6 Sul	Could not be determined TIFYING PHYSICIA DICAL EXAMINER: E OF CERTIFIER OF PERSON WHO I	AN: To the best of my kn On the bests of axamina COMPLETED CAUSE OF A 22. REGISTRAR'S SI	owledge, death occurred tion and/or investigation DEATH (ITEM 27) (Type, ITEM 27)		on, death occured at the	e to the cause time, date a	e(s) and ma	nner as atate	cause(s) and manner as a	itated.

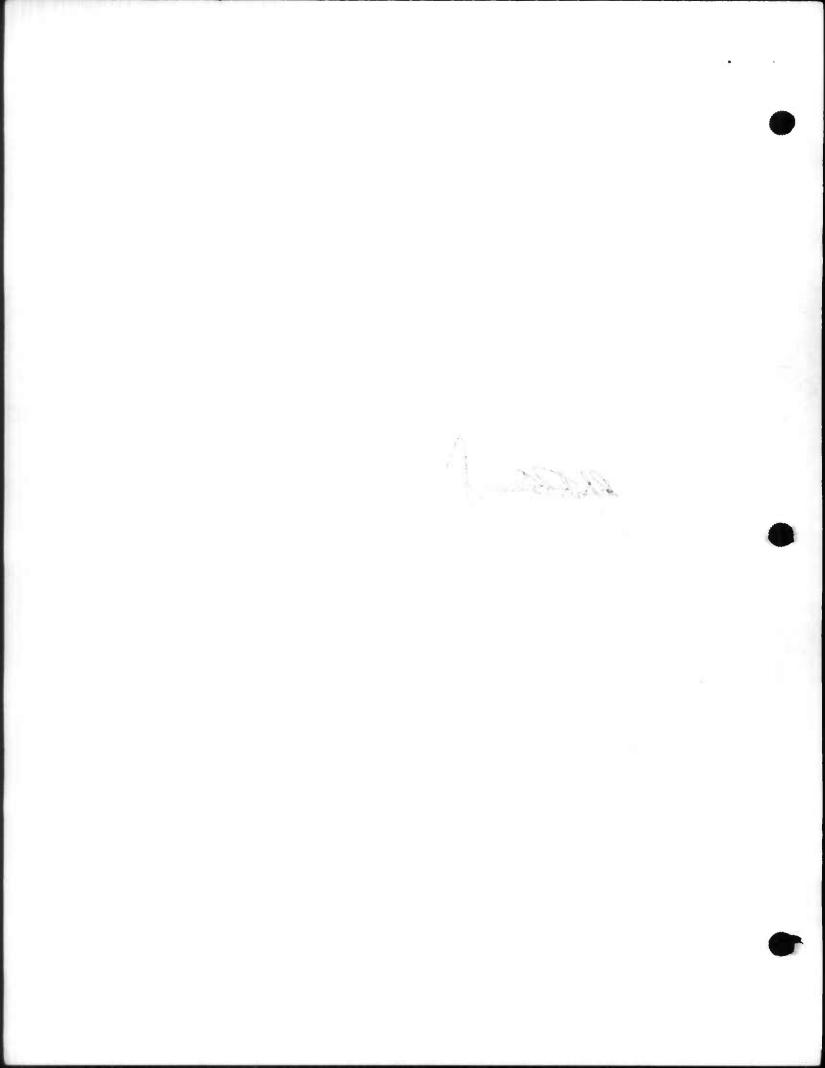
-	1. DECEDENT'S NAME (First, Middle, Last)	A		ATE OF D	2.1	REG. NO. DATE OF DEATH IONTH DAY	YEAR	3. TIME OF OEATH
	Peggy 4. SOCIAL SECURITY NUMBER	Ann 5. sex 6. age	Hetrick			2-6-91	1	M
P)	219-54-4947	1 🗌 M 2 💢 F	42 yrs. M	ONTHS DAYS HE	DURS MIN.	ATE OF BIRTH Month, Day, Year) 4-21-49	MD	
CTOR	90. FACILITY NAME (If not institution, give 505 White Ho RESIDENCE OF DECEDENT			<u>Millers</u>	ville	A I	A CO	DEATH
DIFEC	10a, STATE 10b, COUNT	A CO		TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2XXXNO
	10e. STREET AND NUMBER	<u></u>		10f. ZII	CODE	10g	. CITIZEN OF	WHAT COUNTRY?
BY FUNERAL	505 White Ho 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 □XiO	13. WAS DECENE If yes, specify	1108 PENT OF HISPANIC Of Cuben, Mexicen, Pu	RIGIN? (Specify Yee or No erto Rican, etc.)	o— 14. RAC Blac Spec	CE — American Indian, ck, White, etc.
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	-30.74	k done during most of etired.)	working .	18b. KIND OF BUSINES		
COMPL	17. FATHER'S NAME (First, Middle, Last)	2yrs	Hou	sewife w	. MOTHER'S NAME (Housel First, Middle, Maiden Surne		
111	Charles Mays		Tan Halling at		Sadie H	utton Number, City or Town, Sta	71- O- 1-1	
TO BE	Jerome L. He		505	White H	orse Ct	., Mille	rsvil	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rai 4 Donetion 5 Other (Specify)	noval from State	other place) Glen Have		ry, crematory or		Burn	ie, Md
	21. SIGNATURE OF FUNERAL SERVICE L			Harde	sty Fun	v eral Home		Ridgely A
7	23. PART I. Enter the disease or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on	ed the death. Dornot	enter the mode	of dying, auch as	cardiac or reapirator	ry arrest,	Approximata interval Batween
		DUE TO (OR AS	A CONSEQUENCE OF):	Me	lano	na		Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	Me	lang	ma		Onset and Death
DICAL CERTIFIC	if any, laading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events	b	A CONSEQUENCE OF):	the underlying c	euse given in Pari	24a. WAS AN AUTT PERFORMED 1 YES 2	17	Ib. WERE AUTOPSY FINDINOS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL CERTIFIC	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions to the conditions of the con	b	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	26. PLAC	euse given in Pari	PERFORMED	17	Ib. WERE AUTOPSY FINDINOS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL CERTIFIC	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other algnificent conditions to the conditions of the con	b	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	26. PLAC DTHER:	E OF DEATH (Check of	PERFORMED 1 VES 2 Other (Specify)	17 NO	Ib. WERE AUTOPSY FINDINOS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: MEDICAL CERTIFIC	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other algnificent conditions to the conditions of the con	b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	26. PLAC DTHER: Nursing Home Nursing Home 17 28c. INJUR WORK	E OF DEATH (Check of Desidence 8 Tax	PERFORMED 1 VES 2	17 NO	Ib. WERE AUTOPSY FINDINOS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFIC	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significent conditions to the conditions of the con	b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in stipationt 3 DOA 4 28b. TIME 1 NJUE	26. PLAC OTHER: Nursing Home OF 28c. INJUR WORK 1 YES	E OF DEATH (Check of Section 286)	PERFORMED 1 VES 2 Other (Specify)	NO RY OCCURED	Ib. WERE AUTOPSY FINDINOS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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IPORTANT: If item 28 is marked, or item 23 shows any injury, or other BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (O	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in stipation: 3 □ DOA 4 28b. TIME: INJUE RY — At home, ferm, streechy weledge, death occurred	26. PLAC THER: Nursing Home OF 28c. INJUR WORK 1 YES eet, fectory, office at the time, date en in my opinion, deat	E OF DEATH (Check of Section 1) AT 2847 2 NO 281	Other (Specify) d. DESCRIBE HOW INJUR LOCATION (Street and In City or Fown, State) he ceuse(a) end manner, date end placa, end du	RY OCCURED	III. WERE AUTOPSY FINDINOS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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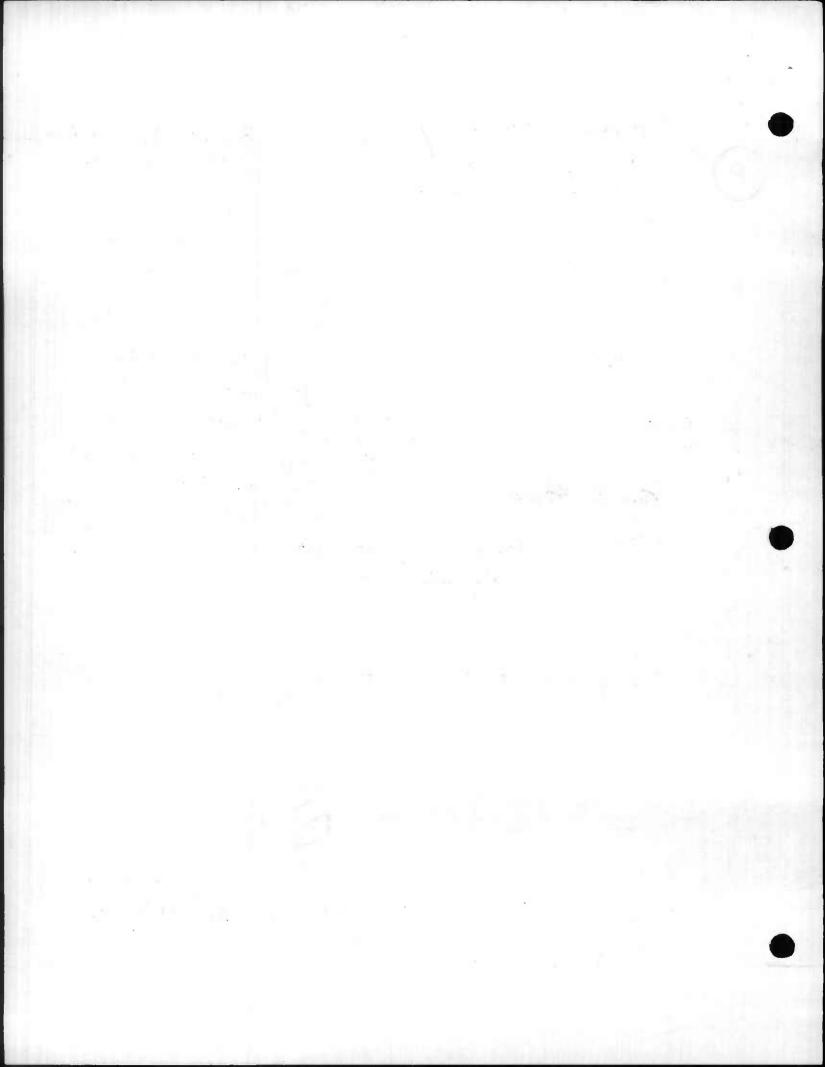
BALTIMORE, MARYLAND	ned by the hos	ould be detache	led at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	th certificate	ending phys I Hygiene pr	or other t
RDS, F	that the dea	d by the att	iny injury,
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VITAL	CIAN: The la	ortificate has he State De	or item 2
N OF	ING PHYSIC	After this ce	marked,
JINISIC	OR ATTEND	DIRECTOR: ,	tem 28 is
۵	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be flied within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

,	REGISTRAR		- OL	TITIE ICA	AIE OF	DEATH	REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Lest)	lo a sa al II a sa	-1-1 - L T	-			2. DATE OF DEATH DA	ν	YEAR	. TIME OF DEATH
_ 1	John Rich						Feb. 14,		1991 2 P. M	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPE Country)	ACE (State or Foreign
DIRECTOR	550-78-7236	1 ⊠ M 2 □ F	41	YRS.	2 22		Nov. 22, 1			
	9a. FACILITY NAME (If not institution, give s			9b	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH			TH		
6	2346 Sams Cree	k Road			Wes	tminste	r	Ca	rro	11
등	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	v		10c CITY TO	OWN OB LOCA	TION			1	0d. INSIDE CITY
E	Maryland	Carrol	1 I	10c. CITY, TOWN OR LOCATION Westminster						LIMITS?
	10a. STREET AND NUMBER	002202		-					AT COUNTRY?	
FUNERAL	2346 Sams Cree	k Road			"	21157	7	_	J.S.	
빌	11. MARITAL STATUS	12. WAS DECEDENT	FVED IN II C ADA	AED.	12 WAS DE		C ORIGIN? (Specify Yea			- American Indian,
	1 Never Married 2 Married		YES 2 N		If yes, sp	ecify Cuban, Mexicar	, Puarto Rican, etc.)	01 140-	Black,	White, etc.
BY	3 Widowed 4 Divorced	1970-1			1 YES	2 NO Specify			Specify:	White
	15. DECEDENT'S EDU	CATION	16a. DEC	EDENT'S USL	UAL OCCUPATI	ON	16b. KIND OF BUS	BINESS/INDI	USTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(GIA	Do NOT use re	done during m tired.)	ast of working				
릴	12 yrs	5 yrs.		Staff	Offi	cer	U.S. G	over	men	t
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	AE (First, Middle, Maiden	Sumame)		
0	John R. Hambl	et				Rita	McDonald	l		
0	19a. INFORMANT'S NAME (Type/Print)						loute Number, City or Tow			
2	Kathleen P. H	amblet	23	346 S	ams C	reek Rd	. Westmi	nste	r, M	id. 21157
- 1	20g METHOD OF DISPOSITION 1	national sale	2014 PLACE O	OF DISPOSITION	ON (Name of ce	metery, crematory or	20c. LO	CATION - C	City or Tow	n, Stata
	4 Donetion 5 Other (Specify)	loval from Suna	Pile	Grov	e Cem	etery	Mt.	Airy	, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LI	emega.	. '			ND ADDRESS OF FAC				•
	16 h.S.	Harne	1 1.		Wi Wi	rrier F	uneral H Marylan	ome d 2	1784	l
	23. PART i. Enter the diseases, or	complications that	caused the day	eth. Do not						Approximate
- 1	shock, or heart fallure.					COLIN CANAL SER	Her. P. L. Sandar Green, S. S.	control car		interval Between
	IMMEDIATE CAUSE (Final disease or condition) Oneet and Death									
- 1	resulting in death)									
_	DUE TO (OH AS A CONSEQUENCE OF):									
o	Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF):									
Ϋ́	If any, leading to immediate cause. Enter UNDERLYING									
E	CAUSE (Disease or injury that initiated events	OUE TO	OR AS A CONSEC	UENCE OF):						
CERTIFICATION	resulting in death) LAST	d								
5 I	PART II. Other significant condition		de ab bear es							
		ns contributing to		esulting in t	the underlyle	o cause alven in	Part i 24e WAS AN	ALITOPSV	24h 1	WERE ALITOPSY FINDINGS
		ns contributing to	daath but not h	esulting in t	tha undarlylr	ig csuse given in	Part i, 24a. WAS AN PERFOI			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE
		ns contributing to	gaath but not n	esulting in t	tha undarlylr	ig csuse given in				AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
MEDICAL		ns contributing to	daath but not n	esulting in t	tha undarlylr	ig csuse given in				AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL		ns contributing to	daath but not r	esulting In 1			PERFOI			AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
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MEDICAL	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA O	26. F THER:	LACE OF DEATH (Ch	PERFOI 1 VES sck only one) 8 Other (Specify)	NED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 SAIO 27. MANNER OF DEATH	HOSPITAL:	ER/Outpatient 3	0	26. F THER: Nursing Ho F 28c. IN Y	LACE OF DEATH (Chi	PERFOI 1 VES 2	NED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
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BY PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 27. MANNER OF DEATH Netural 5 Pending investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inputlant 2 28a. DATE OF (Month, D)	ER/Outpetient 3 INJURY sy, Year) FINJURY — At ho	DOA 4	26. F	LACE OF DEATH (Che	PERFOI 1 VES 2 Dick only one) 8 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street	NJURY OCC	CUREO	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 540 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Di 28a. PLACE Of building,	ER/Outpetient 3 INJURY yy, Year) F INJURY — At horate. (Specify) my knowledge, de	DOA 4 28b. TIME 0 INJUR ma, farm, stre	26. F THER: Nursing Holo F Y M 1 et, factory, offi	LACE OF DEATH (Chr me 5) Residence JUNE 10 NO Ce e and place, and due	PERFOI 1 VES 2 1 VES 2 1 VES 2 1 VES 2 2 VE	NJURY OCC	or Rural Ro	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a share after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner of
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王	五章	20
2	23	E

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN		03240	
)	4. SOCIAL SECURITY NUMBER 5	□ M 3√2 F 76	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/7/1914	91	BIRTHPLACE (State or Foreign Country) Maryland	
TOT	Baltimore Count				city, town of Location of Death Randallstown,			9c. COUNTY OF DEATH Baltimore	
рінесто	Md. 106. COUNTY Carro	11	10c. CITY	Sykesville,			10d. INSIDE CITY LIMITS? 1 TYES XX NO		
FUNERAL	10s. STREET AND NUMBER 2142 Liberty	Road		101. ZIP CODE 21784			10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
COMPLETED BY FUI	11. MARITAL STATUS 1 Sever Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES SIX			13. WAS DEC	ENDENT OF HISPAN acity Cuben, Mexica NO Specify	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	e or No 14.	RACE — American Indian, Black, White, etc. Spacify; White	
	(Specify only highest grade completed) (Give kills. Do Elementary/Secondary (0-12) College (1-4 or 5+)			of work done during most of working OT use retired.)			eneman		
O	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maider	Surname)		
BE C	Frank Haney				N	Minnie Kid	well		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a	nd Number or Rural i	Route Number, City or Tox	vn, State, Zip Co	de)	
2	Benton Taylor		227	7 Beaum	ont Ave.	Catonsvil	le, Md	. 21228	
	20s, METHOD OF DISPOSITION AND Buriel 2 Cremetion 3 Remove	20b. P	LACE OF DISPOSIT	TON (Name of cer	netery, cremetory or	20c. L0	OCATION City	or Town, State	
	4 Donation 6 Other (Specify)	Washington Market Marke	oodlawn	Cemeter	cy		Baltim	ore, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	raht			Box 195	Haight Fu Sykesvill	neral Me.	HOme 21784	
CERTIFICATION	shock, or heart failure. Lid IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ONSEQUENCE OF:	fail	nure			Interval Between Onset end Desth		
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	I land and	not resulting in	the undarfylne	g cause given in	Part I. 24s. WAS AI PERFO	AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	OSPITAL:			ACE OF DEATH (Ch	eck only one)			
YSI		☐ Inpetient 2 ☐ ER/Outpati		OTHER:	e 5 🗆 Realdence	6 🗆 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WC	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUP	DED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	A1 home, farm, str	eet, factory, offic	•	26f. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	and a	N: To the best of my knowled On the basis of examination a						ause(a) and manner as stated.	
8	296. SIGNATURE AND TITLE OF CERTIFIER	el	->		D3889	WBER 62	29d. DATE S ▶ 2	GNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO C	TACIB,	Balt	make (Burty	General) Hop	Pital	
	31. DATE FILED (Month, Day, Year) 2 (4 9 FEB]	32. REGISTRAR'S SIGNAT	Julia Sain	deen-Mano	LIE.				



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qui	13900	30e 1.	~ <u></u>
BALTIMORE, MARYLAND 21203-3146	AN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ifficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 fhould be State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dical examiner must be notified at once.
	74 nou	filled i	he m
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARY		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last) 1) DYOTHY M	Har	udu	2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF OEATH
	001011	E (In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
	579-62-4902 1 H 2X0F		NTHS DAYS HOURS MIN.	(Month, Day, Year)	Count	hington,DC
	9a. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	
OH	209-B Victor 1	KWY	HNNAD	2115	7	1
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TO	DWN OR LOCATION			10d, INSIDE CITY LIMITS?
	Maryland Anne Arunde	1 .	Annapolis			1 NO NO
3AL	10e. STREET AND NUMBER		10f. ZIP CODE			WHAT COUNTRY?
FUNERAL	209-B Victor Parkway 11. MARITAL STATUS 12. WAS DECEDENT EVE	DINITE ADMEN	2140		U.S	
	1 Never Merried 2 Merried FORCES? 1 YE	S 2 1 NO	If yes, specify Cuben, Maxi	can, Puarlo Rican, atc.)	Blac Spec	E — American Indian, ck, White, atc.
ВУ	3 Widowed 4 Divorced				100	hite
TEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most of working tired.)	16b. KIND OF BUS	SINESS/INDUSTRY	
2	Elementary/Secondary (0-12) College (1-4 or 5 +)		red Nurse	Hosp	ital	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			NAME (First, Middle, Maiden		
BE C	William A. Handy			tie C. Ch		sen
2	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rura			
	Christie C. Handy		unning Broo		napolis	
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	other place)	itan Cremat		exandri	400
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	1	22. NAME AND AODRESS OF Taylor Fun	FACILITY Chan	-1	21401
	Copert of Fayl	or	147 Glouce			
	23. PART I. Enter the diseeses, or complications that cause				* *	Approximate
	ahock, or heert fellure. List only one ceuse or IMMEDIATE CAUSE (Finel	eech iina.	T			interval Between Onset and Death
	disease or condition	19	Lugesti	ON		
	DUE TO (OR A	S A CONSEQUENCE OF):	/			1
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	S A CONSEQUENCE OF):				
CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury					
TIF	that initiated events recuiting in deeth) LAST	S A CONSEQUENCE OF):				
CE	d					
CAL	PART II. Other aignificent conditions contributing to death	but not resulting in t	he underlying ceuse given	PERFOR	IMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC				1 □ YES 2	The	OF DEATH?
Σ						1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		2S. PLACE OF DEATH (Check only one)		
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/C	Autpatient 3 DOA 4	THER: Nursing Home 5 Residence	a 8 Other (Specify)		
PH	27. MANNER OF OEATH 28s. DATE OF INJUI (Month, Day, Yes		Y WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED	
В	2 Accident Investigation	JRY — At home, farm, stre-	M 1 YES 2 NO	28f. LOCATION (Street	and Number or Pure	Courte Mumber
8	3 Suicide a Could not be determined 28a. PLACE OF INJUDICIDATION OF SUICIDATION O	Specify)	et, factory, office	City or Town, State)		House remoss,
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kr	owledge, death occurred a	at the time, date and place, and d	ue to the cause(s) and ma	nner as stated.	
NO.	(Check only one) 2 MEDICAL EXAMINER: On the besis of examination					(s) and menner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE N	UMBER	29d. DATE SIGNE	D (Month, Day, Year)
TO BE	William F. A.	mo Ve	puty UC	16054	12/	11/91
۴	30. NAME AND ADDRESS OF PERSON WHO COMPUETED CAUSE OF	DEATH (ITEM 27) (Type, PA	0 695	Anien -	a Cx	. 21035
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S	IGNATURE		VINCTLE	N	2.230
	FFR 1 1 1991 Julia Savidson	Bindell				

DHMH-16 Ray 1/89

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IVISION OF VITAL RECORDS, P.O. BOX 68760	The second second second second second
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EDUCATE SECURITY NAMES 1.0 M 2 P 90 10 m 10 m 10 m 10 m 10 m 10 m 10 m 1	- 1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)				F DEATH	2. DATE OF D	DAY .	FAR .	TIME OF DEATH			
213_38_6226								14, 1991	1	4:25 P.			
Bel Air Convalescent Center Bel Air Harford Cour 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. CITY TOWN OR LOCATION 100.		10 10 10 10 10 10 10 10 10 10 10 10 10 1					(Month, Day						
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Investigation Investigatio			rd County	Fa.	llston					YES 2 NO			
In the control of t	2		a							COUNTRY?			
SE Wideward Divorced Divorced If YES, GIVE WAR OR DATES If YES 2 IN O Specify: White Specify: Wh				N II S ADMED	12 446		NIC OBIOINS (C.			American Indian			
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21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSOPh W. Fostor 22. NAME AND ADDRESS OF FACILITY Fostor Funeral Home 50 West Broadway & Williams Street Bel Air, Maryland 21014 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interved of the death of the part of t		1 A Buriel 2 Cremetion 3 Remo	val from State	b. PLACE AND OAT	E OF OISPOSIT	ION (Name	DATE						
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One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner	PHYSICIAN: MEDICAL	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 1 TO CERTIFYING PHYSIC	HOSPITAL: Inpatient 2	petient 3 DOA 26b. Till IN 1 — At home, ferm,	OTHER: 4 1 Nursing ME OF 28c. JURY M 1 street, factory, 6	Home 6 Residence INJURY AT WORK? YES 2 NO	8 Other (Sc 28d. DESCRI	oecify) BE HOW INJURY OCCU ON (Street and Number own, State)	REO	YES 2 NO			

Julia Davidson-Randale

296. SIGNATURE AND TITLE OF CERTIFIER

Office of Certifier

Office of Certifier

Office of Certifier

Office of Certifier

Office of Certifier

Office of Certifier

Office of Certifier

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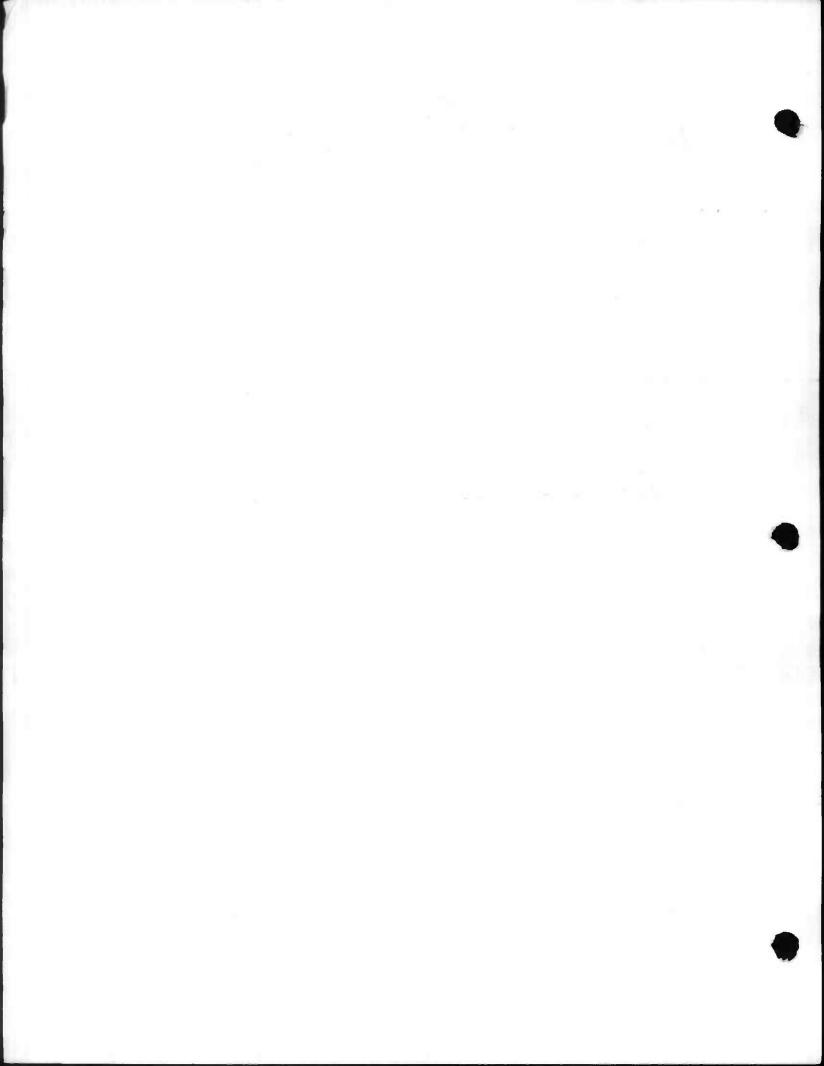
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1	7	1. DECEDIENT'S HAME (150; Middle, Late)	ildre			ed Es				2. DATE O	F DEATH	y 91	AR 3.	1305 PM
(1	1)	4. SOCIAL SECURITY NUMBER	Home Control	GE (In yrs. lest	birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.		Day, Year)		Country)	CE (State or Foreign
should	1	215 - 18 - 0121 9a. FACILITY NAME (If not institution, give str	1 M 2 X F	74	THO.	9b. CITY,	TOWN O	R LOCATIO		Sept TH	18,	1916 1 9c. COUNTY	Mary OF DEATI	
	e o	Greater Laurel Bel		spital	2	Lau						Prince	e. Ge.	onae.
` 	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY				Y, TOWN OF		ION						I, INSIDE CITY
permit. Pages	DIR	Maryland Princ	e George		Lai	urel							1 [LIMITS? YES 2 \(\text{NO} \)
регші	₹¥L	10e. STREET AND NUMBER	-	·				ZIP CODE	ı			10g. CITIZEN		
46 physician. bunal-transit	FUNERAL	335 Compton Avenue	12. WAS DECEDENT EVER	R IN U.S. ARM	IFO	13 W	_	0707	E HISDANII	C OBIGINS	(Specify Yea		S.A	• American Indian,
21203-3146 ital or attending physician. I for use as the burial-traf	B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE	ES 2 NO	Ö	11	yes, spe	2 NO					Black, Wi Specify: Whi	hite, etc.
or atten	TED	15. DECEDENT'S EOUC (Specify only highest grade of	ATION completed)	(G/v	e kind of	USUAL OCC work done du se retired.)			g	16b. 7	(IND OF BUS	SINESS/INDUST	RY	
spital o	1 4	Grade 12	College (1-4 or 5+)	-	is ew	and the same of				_H ,	ome.			
AND the hospit detached	COMPLET	17. FATHER'S NAME (First, Middle, Last)		1 1100	00 (310)	CHC		18. MOTH	IER'S NAM	_	ddle, Maiden	Surname)		
AARYLAND 2. retained by the hospital 5 should be detached for	M M	George Gable 198. INFORMANT'S NAME (Typo/Print)		L					ia Ne					
MARYLAND be retained by the hospi e 5 should be detached	2	John E. Hall										n, State, Zip Coi and 20		
may be	2	20a. METHOD OF DISPOSITION 1 1 Y Burial 2 Cremation 3 Remo	eni from State	20b. PLACE C	F DISPO					el.	_	CATION — City		State
AOR age 6 r	E E	4 Donation 5 Other (Specify)	(Crestl	<u>awn</u>	Ceme	teri	U ID ADDRES			Mar	riotts	sill	e. Md
	examiner	21. SIGNATURE OF PUNERAL SERVICE LICE	Della	2		Do.	nali	dson	Fune	ral 1	Home, aurel	P.A. Maru	land	20707
46, ad within 24 ompletely fille U. cremation,	event, the medical	23. PART I. Enter the diseases, or conclude the conclusion of the		n each line.		not enter t			-	es cerdi	ec or respi	ratory erreet	•	Approximete Intervel Between Onset and Deeth
th certificate be execu- ending physician and il Hygiene prior to bur	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PDS, P. that the death ed by the atter th and Mental	any injury.	PART II. Other eignificent conditions	contributing to death	h but not re	sulting	In the unc	derlylng	g ceuse g	jiven in P	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS AILABLE PRIOR TO
ORD ss that the		-									1 TES 2		CO	MPLETION OF CAUSE DEATH?
AL RECO	Shows									-			1 (YES 2 NO
law law lept lept	SIZ	25. WAS CASE REFERRED TO MEDICAL					26. PL	LACE OF DI	EATH (Chec	ck only one)			
SICIAN: The la certificate has	YSICI/	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/0	Outpatient 3	□ DOA	OTHER 4 I Nursi		10 5 🗆 Re	sidence 6	3 ☐ Other	(Specify)			
- 9 9 5	E G	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUF (Month, Day, Yea		28b. TIA	JURY		PRK?		26d. DEŞC	CRIBE HOW I	NJURY OCCUP	ED	
DING F After 1 death	is marked	2 Accident Investigation	28e. PLACE OF INJU		ne, farm,	street, facto		YES 2				end Number or	Rural Rout	e Number,
TTEN TOR:	TED	4 Homicide 6 Could not be determined	building, etc. (S	Specify)						City o	r Town, State)			
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREC be filed within 72 hours	ANT: If item 28 is COMPLETED	(Orlock Orly)	CIAN: To the best of my kn										euse(e) er	nd menner ee stated.
H H H	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0	4				29c. LICE	ENSE NUM	BER /				onth, Day, Yeer)
5 5 3	<u>₹</u> 2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	4 27) /Bes	o Drint)		V.	56 1	16		> 2	- /	0-91
10	1			3717	C	HEN	LY	6	ANE		LAUI	156/	M	0 20707
		31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S S	GIGNATURE	0.80-									



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Item 23

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MPORTANT: If Item

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retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146	s after death. Page 6 may be retained by the hospital or attending phys	by the funeral director, page 5 should be detached for use as the burit emoval.
	4 rigur	filled in
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-refurs after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH S NAME (First, Middle, Lest) WILLIAM WILLING HARRINGTON WILLIAM 02 5:40 pm 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 3-M 2 F YRS. 310-30-2759 68 05-23-1 Marylando 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Dorchester General Hospital Cambridge Dorchester RESIDENCE OF DECEDENT 10e STATE 10h COUNT 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Dorchester Maryland Cambridge 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 10f ZIR CODE 600 Edlon Park 21613 USA 12. WAS DECEOENT EVER IN U.S. ARMED 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 TYES 2 1 Never Merried 2 XMerried Specify: White 1 TYES 2 TONO Specify. ВУ 3 Widowed 4 Divorced World War Two ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only high owned restaurant, Elementary/Secondery (0-12) College (1-4 or 5+) COMPL businessman 11 years hotel, seafood business 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Gordon Harrington Iris Price BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Ilow Wilson Harrington 600 Edlon Park Cambridge, Md. 21613 20e. METHOD OF DISPOSITION
1 Description | Method | Disposition | Below | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 4 Donetton 5 Other (Specify) Nanticoke Cemetery Nanticoke, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home Kenneth R Ja 700 Locust St. Cambridge Md 21613 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Enter the diseases, or complications that cause on each line, shock, or heart failure. List only one cause on each line.

End Stage C.H.F. Approximete interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition resulting in deeth) So Mouli - NO DUE TO (OR AS A CONSEQUENCE OF):
DIlated Card tomy opathy

O A T 1+7 Sov : Honey PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not reaulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 TNO 1 TYES 2 1 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 4 🗌 Nu 27. MANNER OF DEATH 28e. DATE OF INJURY 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending 1 YES 2 NO ВҮ 2 Accident Investigation 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be BE COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 2

- Randelle

Mahmood Shariff, M.D. 105 Aurora Street 32. REGISTINANAS SIGNATURE

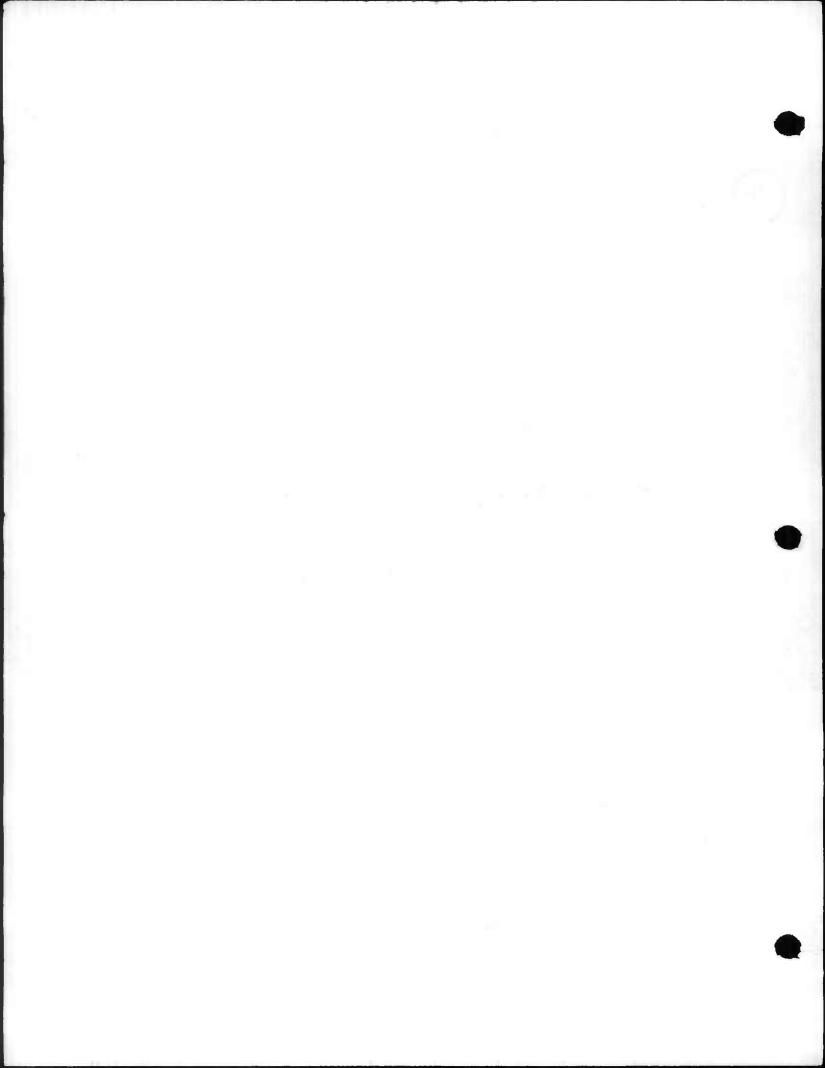
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Cambridge, MD 21613

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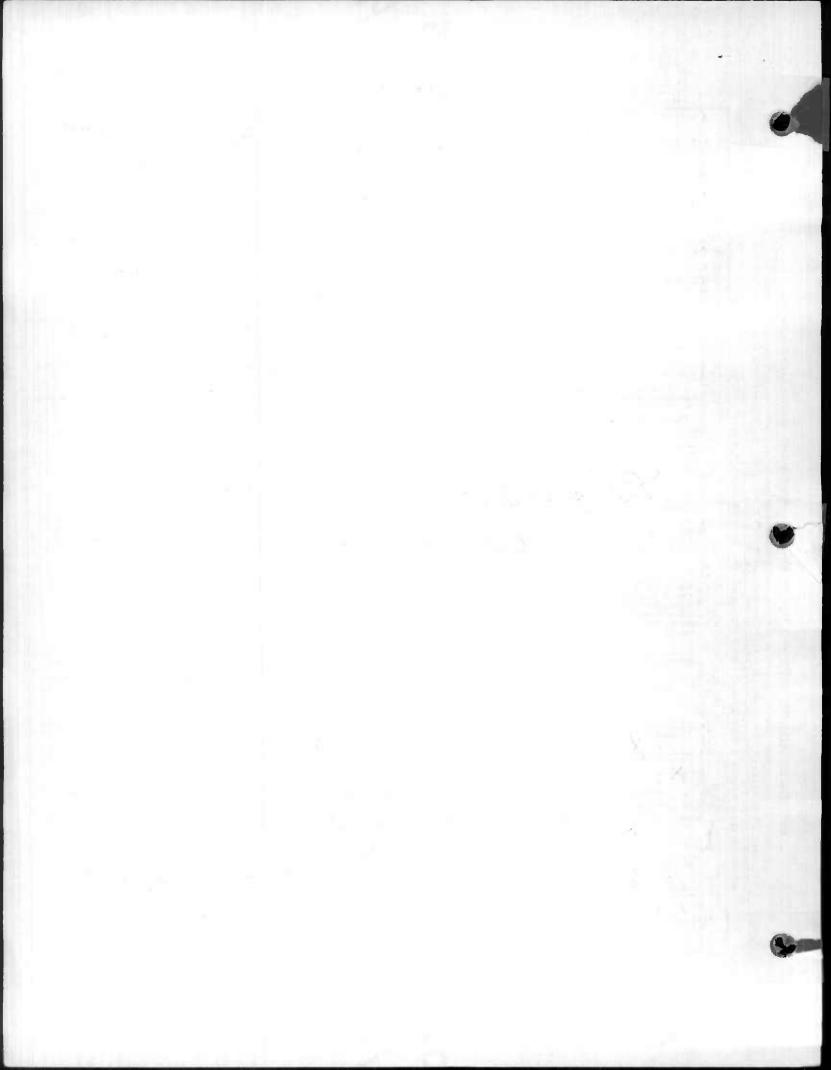
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STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEAT	ГН		REG. NO.

	rst, Middle, Last)								2. DATE C	IF DEATH			3. TIME OF DEATH
Jean	E.	Jenkins							MONTH 2	1 10	2/	YEAR	2145
4. SOCIAL BECURITY NUI	MBER	5, SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE O	BIRTH	-/-	0. BIRTH	IPLACE (State or Foreign
215 34 2	224	1 M 2 X F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year) y 3,19	221	M a r	yland
9e. FACILITY NAME (If not	t institution, give s	treet and number)			9b. CITY	r, TOWN (OR LOCAT	ION OF DE		7 3,1.	-	INTY OF C	
7							Depo					Cecil	
7 Laredo La RESIDENCE OF DE	ECEDENT					OIC	рерс	7516					-
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN (OR LOCAT	TION						10d. INSIDE CITY LIMITS?
Maryland	Cecil			Po	rt D	epos	sit						1 TES 2 NO
10e. STREET AND NUMBE	ER					101	. ZIP COD	E			10g. CI1	FIZEN OF 1	WHAT COUNTRY?
7 Lared	o Lane					2	21904	4			t	J.S.A	Α.
11. MARITAL STATUS 1 Never Married 2 (3 Widowed 4 Di	-	FORCES? 1	NT EVER IN U.S. AR I YES 2 NA MAR OR DATES	MED 10		If yes, sp	ecity Cub		n, Puerto Ri	(Specify Yes ican, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, etc. White
15. Dr	ECEDENT'S EDU	CATION	18a. DE	CEDENT'S	USUAL O	CCUPATION	ON	la a	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary		College (1-4 or 5	+) We.	mema	se retired.)	ourng mc	ast of work	mg					
17. FATHER'S NAME (First,	Middle, Last)			16			18. MOT	THER'S NA	ME (First, M	iddle, Malden	Surname)		
Nowland 1	Howell						1	Eliza	beth	F. F	larri	ingto	on
19a, INFORMANT'S NAME	(Type/Print)		191	b. MAILING	ADDRES	S (Street a	and Numbe	or or Rural I	Route Numbe	r, City or Tow	n, State, Z	ip Code)	
Thomas G	. Jenk	ins	1	Lar						osit,		2190)4
20a. METHOD OF DISPOS	SITION 2/1	8/91	20b. PLACE	OF DISPO	SITION (N	ame of ce	metery, cre	matory or		_		- City or To	own, State
1 Buriel 2 Crema 1 Donation 6 Oth	ntion 3 🗆 Rem ner (Specify)	oval from Btate	Gilpi	n Ma	nor	Memo	rial	l Par	k			-	ryland
21. SIGNATURE OF FUNE	RAL SERVICE LIC	CENSEE	. /		22.	NAME A	ND ADDRI	ESS OF FA	CILITY	nerals			
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OO DADT I SHARE	The state of the s	0	A	A.M	E	LKto	on. I	Maryl	and	21921	L		
IMMEDIATE CAUSE (F disease or condition resulting in death)	Final	a. CO	use on each line	Ca	n c	r the mo		ying, suc	h as cardi	ac or respi	iratory s	rrest,	
IMMEDIATE CAUSE (F	ditions, nedlate LYING njury	a	lon	QUENCE O	и С. Пр:	r the mo		ying, suc	h ss cardi	ac or respi	iratory a	rrest,	Interval Betwee
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	4 Homicide	Setermined		126-1-17/						July 51 1	,			
29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.												_		

30. NAME AND ADDRESS OF PERSON WHI LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

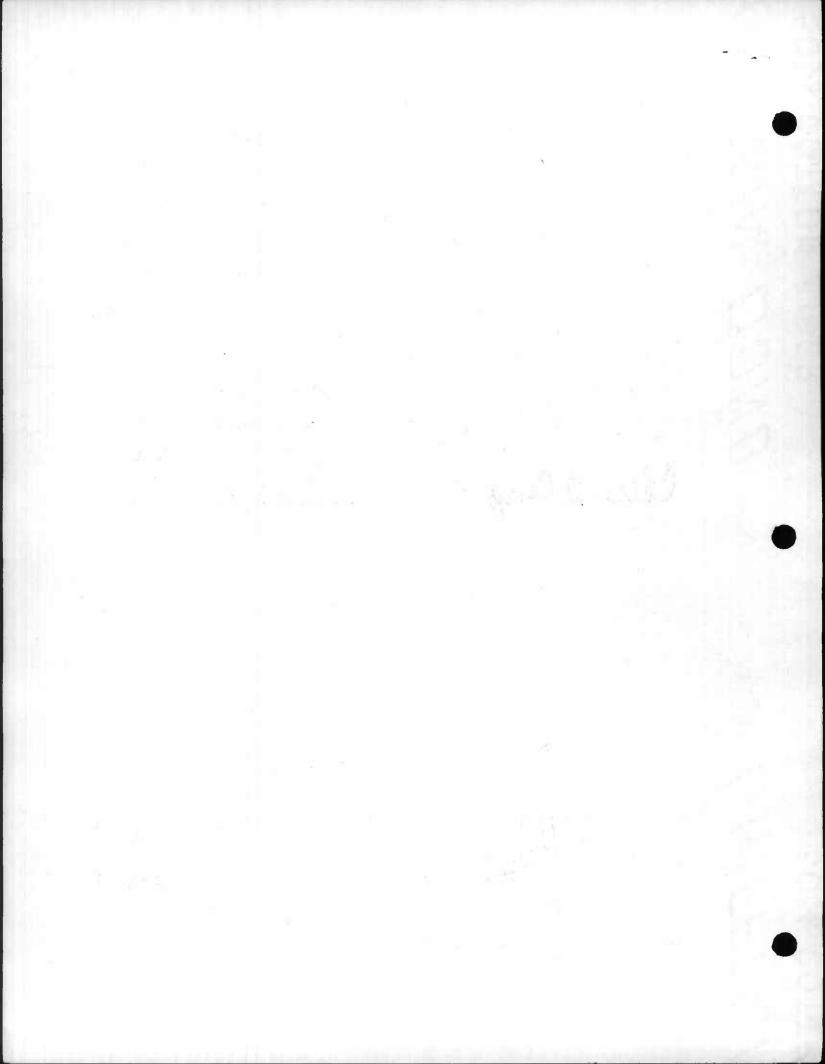
M.D., STODDARD VAMC, Perry Point, Maryland 21902

BRADLEY STO 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Bridade FEB 15 '91

DHMH-18 Rev 1/89

+1VA
gratio



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a Sura ster death. Page 6 may be retained by the hospital or attending physician. The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buning a filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENT	REG. NO.			0 0 1 17 7		
	1. DECEDENT'S NAME (First, Middle, Last)	JArvik	e Ella Ke	enyon Ja	ackson	2. DA MO	TE OF DEATH	- 10	2400 4 00	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 248 - 34 - 6268		(In yrs. lest birthday) YRS.	(Me	TE OF BIRTH conth, Day, Year) - 21 - 1		6. BIRTHP	LACE (State or Foreign				
OR	9a. FACILITY NAME (If not institution, give alreat and number) Grosviency Health Gre Center Beth 2014 MARYLL											
DIRECTOR	10a. STATE 10b. COUNTY	rgomery	10c. CIT	y, TOWN OR LOC	ation octa					IOd. INSIDE CITY LIMITS?		
FUNERAL I	100. STREET AND NUMBER 5121, Gros Ve	nor Lane	Bet	eoda	101. ZIP CODE	14			ZEN OF WH	Tates		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes,	ECENDENT OF HISP specify Cuben, Maxi ES 2 1 10 Spec	ican, Puar	GIN? (Specify Yea rto Rican, atc.)			- American Indian, White, atc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		Ille. Do NOT us	vork done during	nost of working		16b. KIND OF BUS	INESS/IND	USTRY			
MP	9th grade		De	OMeon			Dome	stic				
8	17. FATHER'S NAME (First, Middle, Last)		**				st, Middle, Maiden S			,		
BE		nomas	Kenyon		Hatti		Bel			ach		
5	19a. INFORMANT'S NAME (Type/Print) Willie Mae Reid (s	sister)			eet, Oss		-			2		
	20a. METHOD OF DISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Latney's Funeral Home 3831 Georgia Avenue, N.W.; Wash.D.C. 20011											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.											
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		A CONSEQUENCE OF	cho	pre.	un	ovia	No.	•	Oneat and Death		
	_	DUE TO (OR AS	Ce reb	F):	11.0			3 00	0	4.		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF		Vas	ا مید	lar	دددر	0.9	7		
CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):								
	d.									+		
MEDICAL	PART II. Other significant conditions	contributing to death	but not reaulting	In the undarly	Ing cause given I	in Part I	24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
GA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORBITAL .			PLACE OF DEATH (Check only	y one)					
SIC	a con constant from the constant of the consta	HOSPITAL:	tpetient 3 🗆 DOA	OTHER:	ome 8 - Rasidenc	a a 🗆 o	Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		IURY	NJURY AT WORK? YES 2 NO	28d.	DESCRIBE HOW II	NJURY OCC	CURED			
8	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)											
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER		0.~		29c. LICENSE N		46			Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	EATH (ITEM 27) (Time	Print	100	0 2	(0			10-0		

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Pandelle

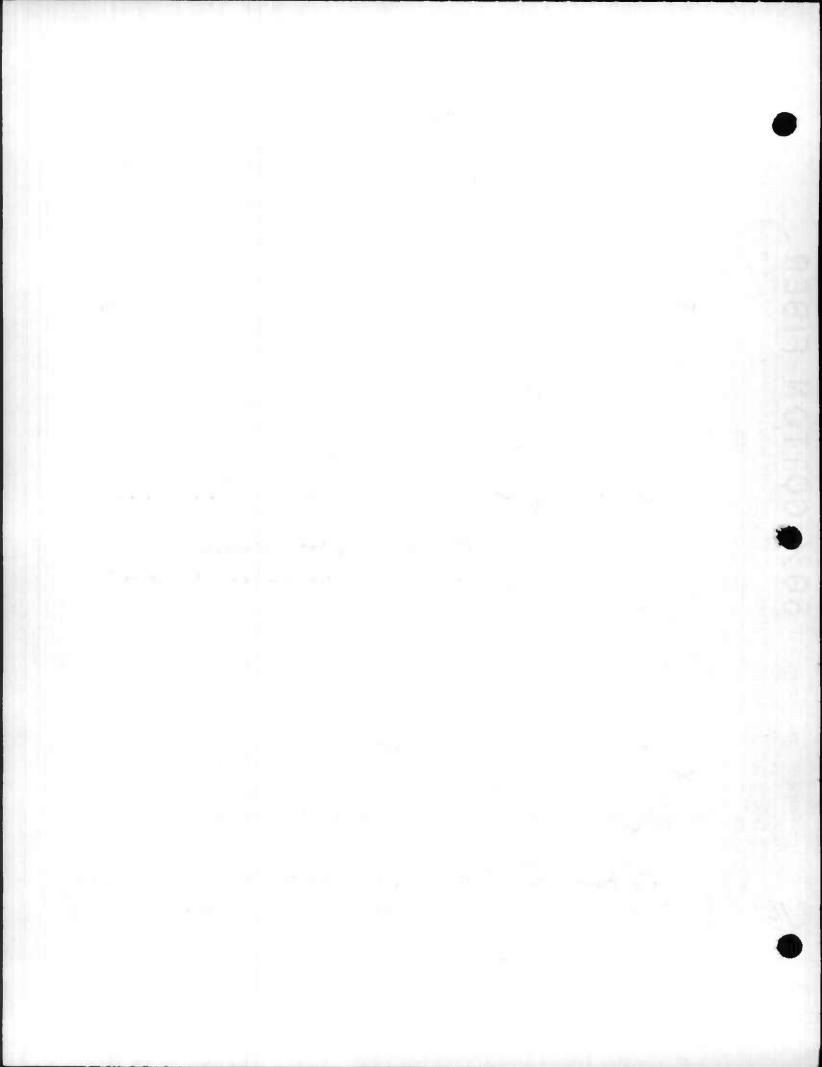
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'91

31. DATE FILED (MONTE DAY)

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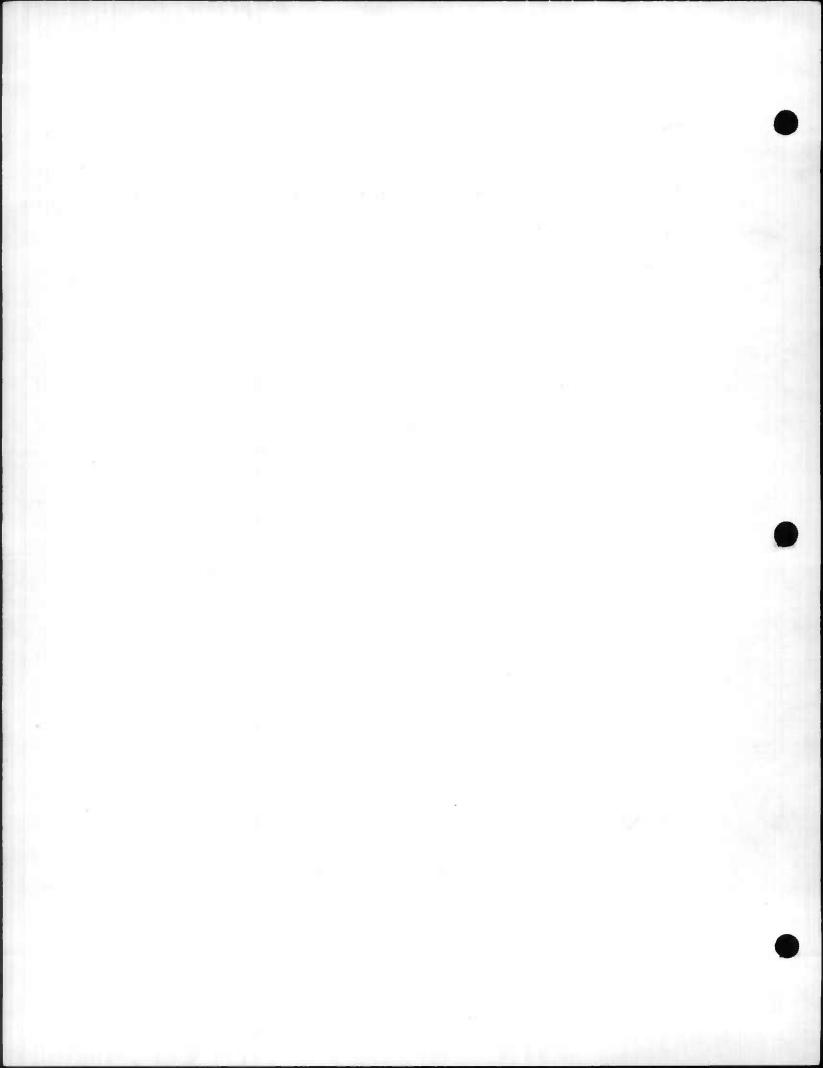
32. REGISTRAR'S SIGNATURE
Juna Davidson



DHMH-16 Rev 1/89

	1 - STATE STATE OF MARYLAND / I	DEPARTMENT OF HEAL RTIFICATE OF DE		HYGIENE REG. NO.	1 05248						
	1. DECEDENT'S NAME (First, Middle, Last) DO UP HUS JOY NER			OF DEATN	3. TIME OF DEATH						
R	4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 8. AGE (In yrs. last to the security number) 90. FACILITY NAME (If not institution, give street and number) Univ. OF D HOS bital	BIRTHPLACE (State or Foreign Country) Washington, DO OF DEATN									
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY N/A	10c. CITY, TOWN OR LOCATION Washington	ou MD	<u> </u>	10d. INSIDE CITY LIMITS? 1 J YES 2 NO						
FUNERAL	10a. STREET AND NUMBER 4524 Edson Place, N. E.	101. ZIP 0 200			JSA						
B	11. MARITAL STATUS 1 \(\forall \) Never Merried 2 \(\text{ Merried} \) Merried 3 \(\text{ Wildowed} \) 4 \(\text{ Divorced} \) Divorced		NT OF HISPANIC ORIGIN Cuban, Mexican, Puerto I NO Specify:		PACE — American Indian, Black, White, etc. Specify: Black						
COMPLETED	(Specify only highest grade completed) (Giv Elementary/Secondary (0-12) College (1-4 or 5 +)	EDENT'S USUAL OCCUPATION THE kind of work done during most of w DO NOT use retired.) Adioligist Aide	working	KIND OF BUSINESS/INDUS							
BE CON	17. FATHER'S NAME (First, Middle, Last) Dolphus Joyner	18. (MOTNER'S NAME (First, M A. Marg								
TO B	196. INFORMANT'S NAME (Type/Print) A. Margaret Moore	4524 Edson Washington. I	Place, D. C. 200	per, City or Town, State, Zip Co 1. E. 19	de)						
		OF DISPOSITION (Name of cemetery, ce)		20c. LOCATION — City							
evenue.	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	4217	9th Sangton, D.	Jarshall's F Street, N. W	uneral Home						
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the design shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	TELL UENCE OF):		flac or reapiratory errest	t, Approximate Interval Between Onset end Deeth						
BY PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions contributing to deeth but not re	esulting in the underlying ceu	use given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	OTHER:	OF DEATN (Check only or □ Realdence 6 □ Other								
TED BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 1 Accident Investigation	28b. TIME OF INJURY WORK? M 1 YES		28d. DEȘCRIBE NOW INJURY OCCURED							
	3 Suicide 6 Could not be determined 289. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 289. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route City or Town, State)										
BE COMPLETED	29s. CERTIFIER (Check only one) MEDICAL EXAMINER: On the basis of examination end/or in										
TO BE		D	UROYY	1 2	HGNED (Month, Day, Year)						
	30 REME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM JESUS R IVELA MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	22 So. GRE	ENST BO	IT, MD 2	4201						

Julia Novidan Randall



DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

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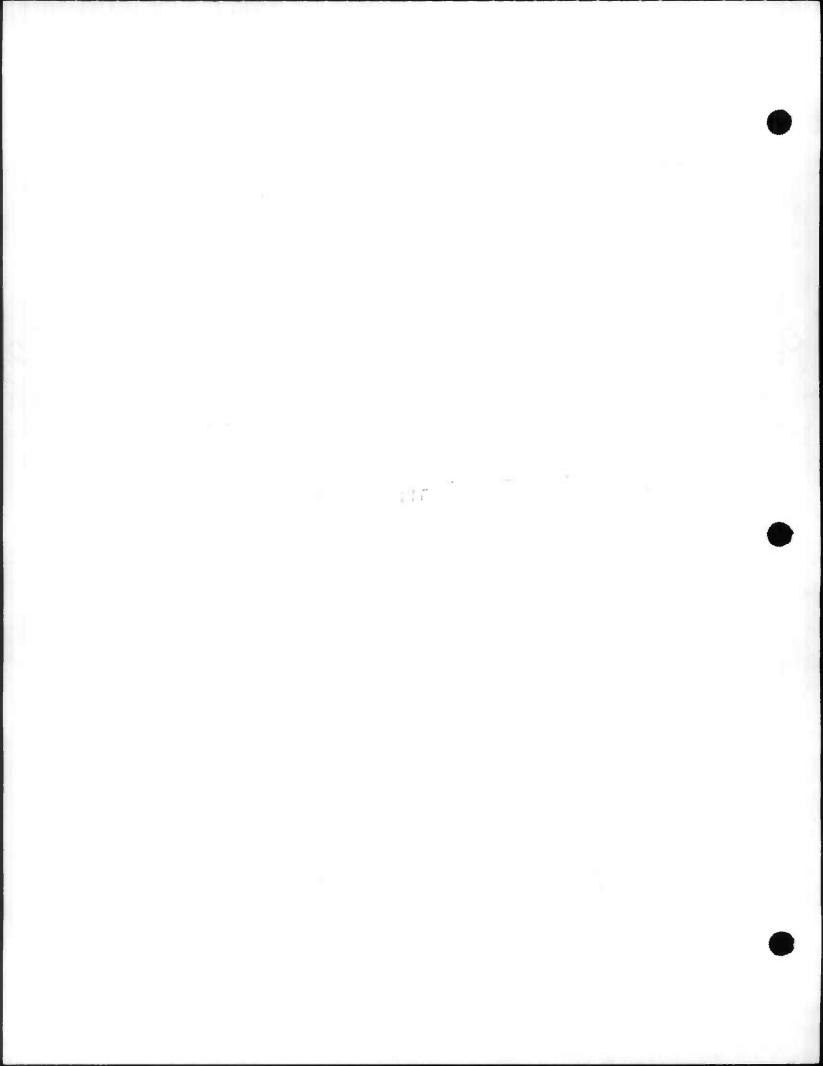
COMPLETED

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REG. NO

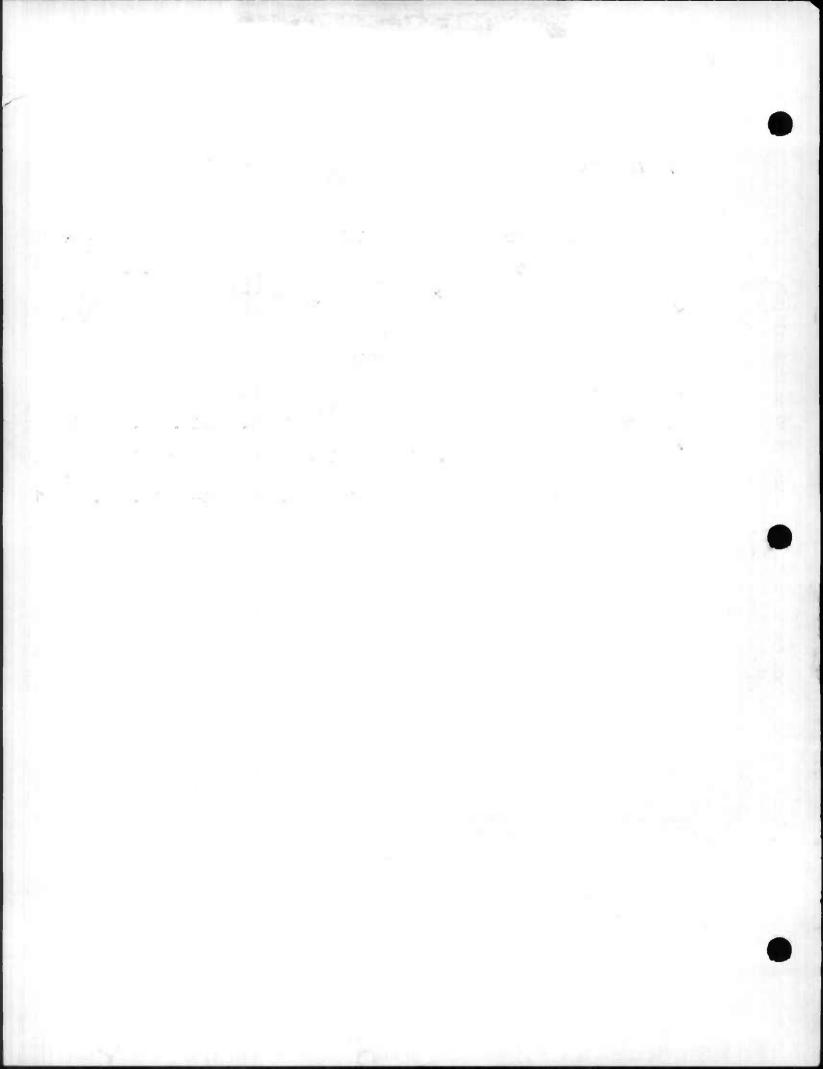
2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR ARALEE S. **JERNAGIN** 9:40 A. February 8 1991 7. DATE OF BIRTH (Month, Day, Year)
Aug. 25, 4. SOCIAL SECURITY NUMBER 6. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 F 94 1896 Mississippi 577-32-9615 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH Clinton Wellington Manor Nursing Center Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 1 X YES 2 NO Washington District of Columbia 10g, CITIZEN OF WHAT COUNTRY? 10a STREET AND NUMBER 10f ZIP CODE 25 T Street, N.E. 20002 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 THO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian Black, White, atc. If yes, specify Cuben, Maxican, Puerto Ricen, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: 3 Widowed 4 ☐ Divorced Black 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 2th Grade Housewife Private 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Obie Spruiel Louvenia (Unknown) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pearl L. Jernagin T Street, N.E. Washington. D 20s. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 4 Donation 6 Other (Specify) Lincoln Memorial Cemetery Suitland, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Stewart Funeral Home wan 4001 Benning Rd., N.E. Wash. D.C. 23. PART/I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximata shock, or heert fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel A'SCUD / CHF
DUE TO (OR AS A CONSEQUENCE OF): disease of condition resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 (Lindfaing Home 8 - Realdence 6 - Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 1 Watural 1 YES 2 NO Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN) To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER; on the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) mi 2039 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS 32. REGISTRAR'S SIGNATURE Julia Davidson-Randall



BALTIMORE, MARYLAND 21203-3146

1	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR					IENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Tim i Ty	• • • • • • • • • • • • • • • • • • • •	JON	NS	02			2. DATE OF DEATH MONTH DAY	/2	YEAR	3. TIME OF DEATH
~	4. SOCIAL SECURITY NUMBER 5.	sex 6. Age (In yr	rs. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HOURS	HRS.	7. DATE OF BIRTH (Month, Day, Year) 12-25-19		, BIRTH	IPLACE (State or Foreign
	Se. FACILITY NAME (If not institution, give street end number)			9b. CITY,	TOWN O	R LOCATION	OF DE	ATH	9c. COUNTY OF DEATH		
0	PENINSULA GENERAL RESIDENCE OF DECEDENT	HOSPITAL		- 1	SAL	ISBUR	Y		WI	COM	ICO
AL DIRECTOR	100. STATE 10b. COUNTY Maryland Worces	ster		10c. CITY, TOWN OR LOCATION Snowhill				10d. INSIDE CITY LIMITS? 1 YES 2		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. BTREET AND NUMBER		101, ZIP CODE				95.7		WHAT COUNTRY?		
FUNERAL	4020 Market Street		21863					S.			
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		2 NO	- 1	f yes, sp		Mexican	IC ORIGIN? (Specify Yes I, Puerto Rican, etc.)			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade communication) Elementary/Secondary (0-12)	ON 16 opleted) ollege (1-4 or 5+)	Give kind of life. Do NOT u	work done (se retired.)	during mo	ON st of working		16b. KINO OF BUS		STRY	
MP	12		Dom	esti	C			None			
	17. FATHER'S NAME (First, Middle, Last) James Barkley							Brown	Sumeme)		
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	3 ADDRESS	3 (Street a			DL'OWIL	n, Stata, Zip (Code)	
은	Robert Johnson							St. Salis			218:01
	20a METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal	20b. Pi	LACE OF DISPO				-		CATION - C		
	4 Donation 5 Other (Specify)	Mt	. Zio	W W	_				now I		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	iEE	+	22.	NAME A	ND ADDRESS	S OF FAC	CILITY	821	We	st Rd.
- 6	Bladys 13	· Slewar	W								Md. 21801
	23. PART I. Enter the diseases, or com ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition	t only one cause on each	ilna.					•	retory srre	at,	Approximate interval Betwaen Onset and Death
		DUE TO (OR AS A CO						1			/ week
N	Sequentially list conditions, DOF TO (OR AS A CONSCOURNCE OF)								/ week		
CERTIFICATION											
DE	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events Due TO (OR AS A CONSEQUENCE OF):										
IRT	resulting in death) LAST										
	PART II. Other significant conditions c	ontributing to death but	not resulting	In the u	nderlyln	g cause gl	lven in			24	b. WERE AUTOPSY FINDINGS
CAL	PERFORMED? AMAIL ARLE						AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC	Congestive H	ixed mesodernal saccoma of the Uterus 11					4		OF DEATH? 1 YES 2 NO		
								_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHE		LACE OF DE	ATH (Ch	eck only one)			
YSI	1 VES 2 NO	☑npetient 2 ☐ ER/Outpeti		4 D Nu	raing Hon		Idence	6 ☐ Other (Specify)			
ву Рн	27. MANNER OF DEATH 1 Metural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIM INJ			28c. INJURY AT WORK? 1 YES 2 NO		28d. DEŞCRIBE HOW I	W INJURY OCCURED			
03	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — building, etc. (Specify,	INJURY — At home, farm, street, factory, office str. (Specify)		281. LOCATION (Street end Number or Rural Route Number, City or Town, State)						
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated.										
BE (296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO C	100		na Printi		03	006	590	0	111	191
	Janes E. 1	Martin, M.Z	2 . (19)	M FIRM	E.	Carr	011	54. 5al	:360	~ ~	MO
10	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE							/	1 *
Y	FEB 1 3 '91	3'91 Julia Savidson-Randelle									



3. TIME OF DEATH

4:23

8. BIRTHPLACE (State or Foreign

MARYLAND

9c. COUNTY OF DEATH

Talbot

U.S.A.

DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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be retained by the hospital or attending physician.

age 5 should be detached for use as the burlal-transit

page 5 should

	10d. INSIDE CITY LIMITS?					
	1 TES 2XXNO					
10g. CITIZEN OF	WHAT COUNTRY?					

RT 1 BOX 348 D 11. MARITAL STATUS

1 Never Married 2 Married

XX Widowed 4 Divorced

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Ric

14. RACE — American Indian, Black, White, etc. Specify CAUCASIAN

15. DECEDENT'S EDUCATION (Specify only highe College (1-4 or 5+) ry/Secondary (0-12)

16a. DECEDENT'S USUAL OCCUPATION HOMEMAKER

HOME

18b. KIND OF BUSINESS/INDUSTRY

12+ 17. FATHER'S NAME (First Middle Last)

18. MOTHER'S NAME (First, Middle, Maiden Surname)

BERTIE DUNN

194. INFORMANT'S NAME (Type/Print)

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RT 1 BOX 348 D GREENSBORO, MD

GEORGE P. JONES, JR.

20b. PLACE OF DISPOSITION (Name of cometery, crematory or GIEN HAVEN MEMORIAL PARK 20c. LOCATION — City or Town, State GLEN BURNIE. MD

21639

20s, METHOD OF DISPOSITION
1 [X] Burial 2 | Cremation 3 | Rer
4 | Donation 5 | Other (Specify) ____ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

shock, or heart failure. List only one cause on each line.

22. NAME AND ADDRESS OF FACILITY BARRANCO & SONS F.H 495 RITCHIE HWY. 21146 SEVERNA PARK, MD

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Venticular DUE TO (OR AS A CONSEQUENCE OF): av DUE TO (OR AS A CONSEQUENCE OF):

23. ARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate interval Between Onset and Death

Sequentially list conditions,

DUE TO (OR AS A CONSEQUENCE OF)-

PART, II. Other significant conditions contributing to death but not resulting in the underlying cause given in P

failure

if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST

Dia

27. MANNER OF DEATH

2 Accident

3 Suicide

4 🔲 Homicide

art I.	24a, WAS AN AUTOPSY PERFORMED?
_	1 TES 2 NO

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE

1 YES 2 1 NO

_	5	1	HOV	9	VCV	1
25.	WAS,	ASE	REFERRI	or a	MEDICAL	ū
	EXAM	INEF	17			
	1 0	YES	2100	1		

priesture

6 Could not be

1) Impatient 2 ER/Outpatient 3 DOA

heart

OTHER: 4 Nursing Home 8 Residence 6 Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED

DATE OF INJURY	28b. TIME OF	28c. INJURY AT
Month, Day, Year)	INJURY	WORK?
	M	1 YES 2 NO

n 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28. PLACE OF DEATH (Check only one)

28f. LOCATION (Street and City or Town, State)	Number or	Rural Route	Number,

29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and piece, and due to the cause(e) and me

SIGNATURE AND TITLE	OF CENTIFIER	
	Xai	100
7 103	ADLA	110000
2 000		

29c. LICENSE NUMBER

29d, DATE SIGNED (Month, Day, Year)

SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) مدر

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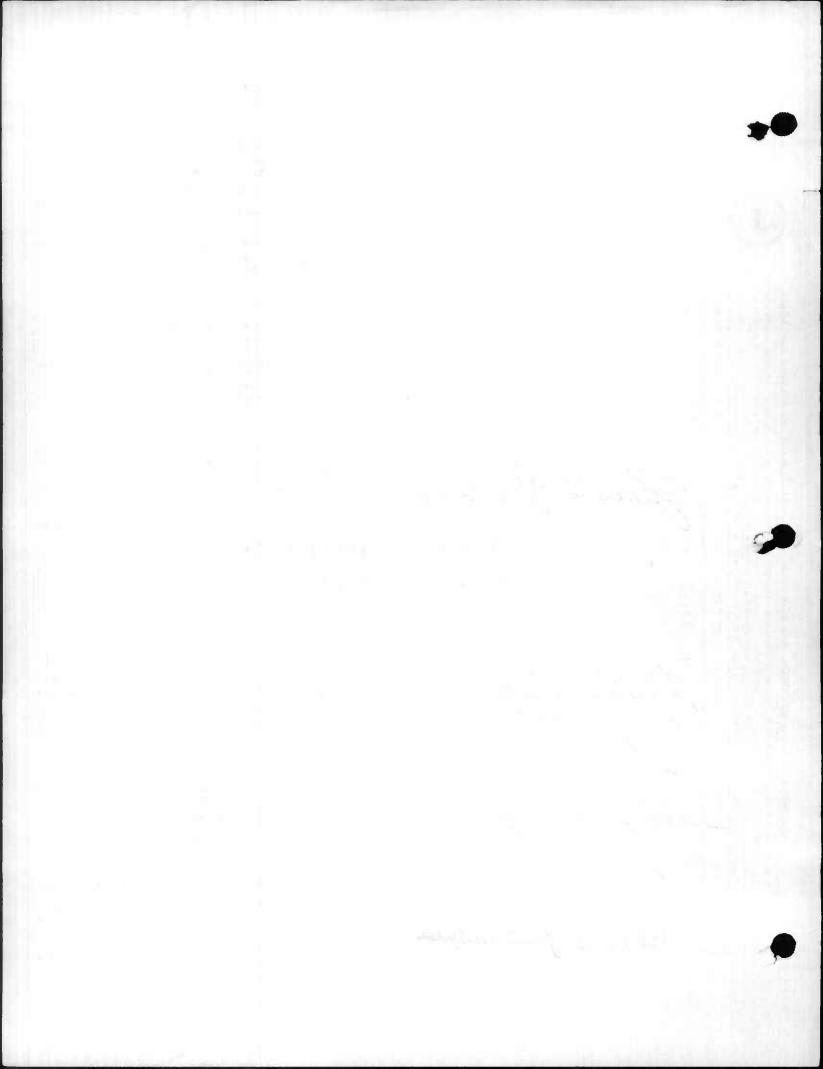
Julia Davidson-Rondale 31. DATE FILED (Month, Day Year) 2 1991

DHMH-18 Rev 1/89

RECORDS, P.O. BOX 13146.

BALTIMORE, MARYLAND 21203-3146 after death. Page 6 may funeral director, tion, or removal. cremation. esecuted w and com 5 physician a requires that the death certificate be Hygiene pnor attending Health and Mental H has by Dept. ME The State L DIRECTOR: After this certificate 2 hours after death with the State certificate the HOSPITAL FUNERAL I TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II

DIVISION OF VITAL

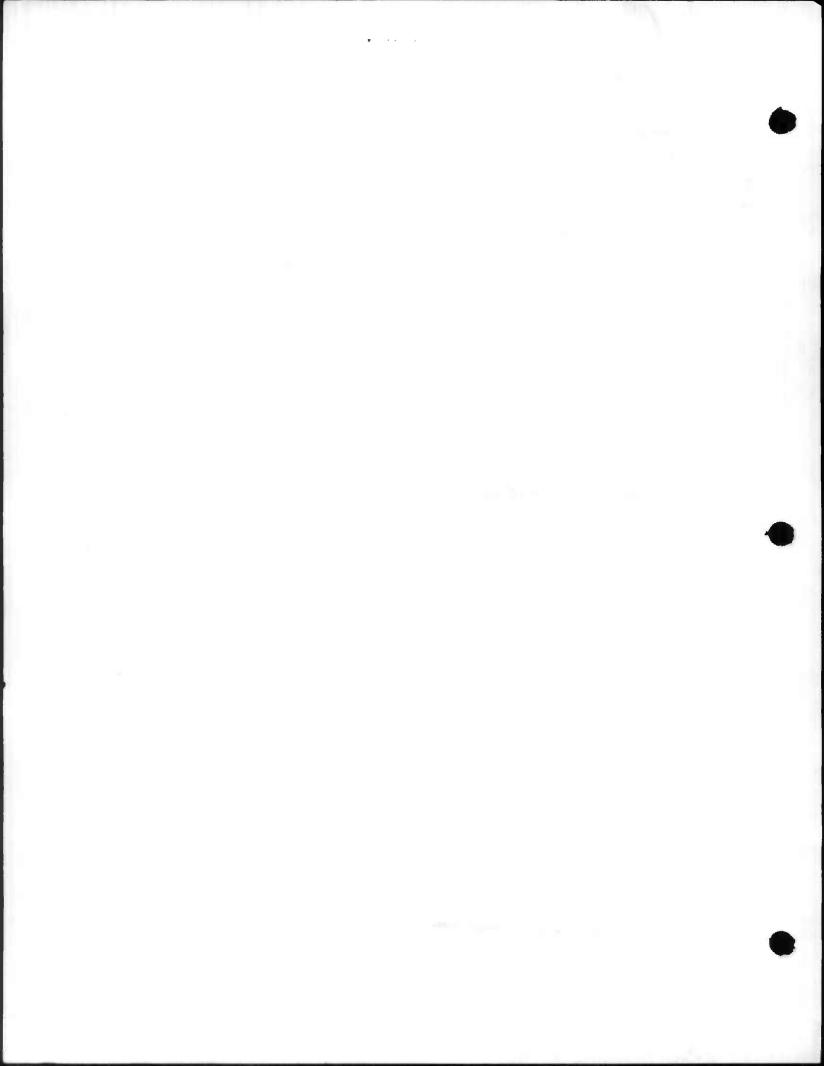


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTME	NT OF HEALTH AND MENTAL	. HYGIENE
CERTIFICA	TE OF DEATH	REG. NO.

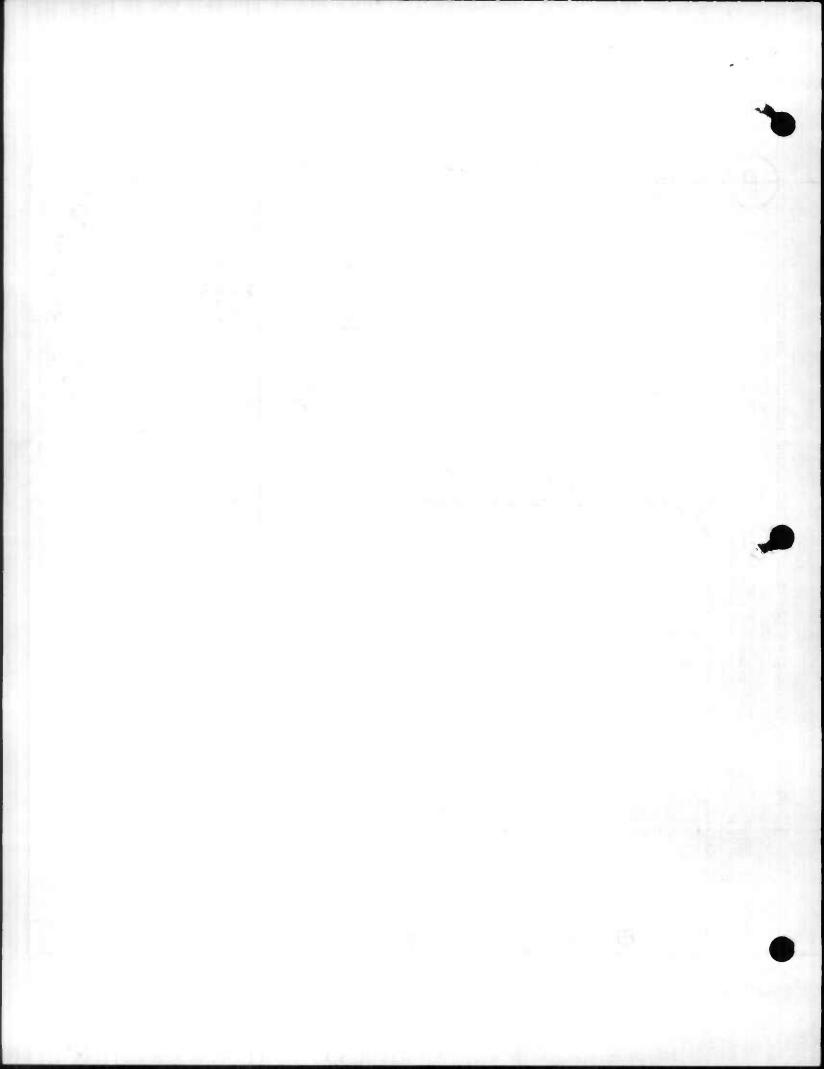
FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIE REG. N	_	
1. DECEDENT'S NAME (First, Middle, Lest)	Pruitt	JONO	E 5			DAY YE	an O GOO M
215-34-1749	1 □ M 2X□XF 5	3 YRS. MON	THS DAYS HOU		7. DATE OF BIRTH (Month, Day, Year) 12-14-3'	7 A	BIRTHPLACE (State or Foreign Country) nnapolis, MD
99. FACILITY NAME (If not institution, give street 1386 Greenway RESIDENCE OF DECEDENT		96.	Annapo		ATH	Anne	ARundel
10a. STATE 10b. COUNTY	Arundel	10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY LIMITS? 1 1 T YES 2 NO
10. STREET AND NUMBER 1386 Greenway		Aiiia	10f. ZIP	1401		10g. CITIZEN	OF WHAT COUNTRY?
	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDE	NT OF HISPAN Cuban, Mexica	IC ORIGIN? (Specify) n, Puerto Ricen, atc.)	3 2 .	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUCA (Specify only highest grade co Elamentary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life, Do NOT use ret	done during most of v	vorking		USINESS/INDUST	
12 17. FATHER'S NAME (First, Middle, Lest) Marion C. Prui	tt	Clerk	18.		BQ. 01 ME (First, Middle, Meidle Summers	n Sumame)	ation AA Co.
James Richard	Jones Sr.				Number, City or N Ve, Annap		MD 21401
20s. METHOD OF DISPOSITION XIXBurial 2 Cremation 3 Remov 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICE!	al from Stata	place of disposition other place)	Cemeter	277	Dav		ville, MD
> Thomas ()	Harles		Hardes 12 Rid	gely .	neral Ho Ave. Ann	ome., lapolis	P.A. s, MD
shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A WIDELY OUE TO (OR AS A		STATE	res-	T 3NEAST	CAN	Interval Between Onset and Death SCLUNDS
PART II. Other eignificent conditions	contributing to deeth b	out not resulting in t	he underlying car	use given in	PERF	AN AUTOPSY ORMEO? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				OF DEATH (Ch	eck only one)		
1 TYES 2 NO	HOSPITAL: 1 Inputient 2 ER/Out	petiant 3 DOA 4			6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OI INJURY	M 1 YES		26d, OEŞCRIBE HO	V INJURY OCCUP	IEO
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stree cify)	rt, factory, offica		28f. LOCATION (Stre City or Town, Str		Rural Route Number,
Coreck oray at	IAN: To the best of my know						ause(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			290	LICENSE NUI	MBER 757	29d. DATE S	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR			sna	UTUN R	156	PK.
31. 9FEB 103 1991 Ju	is Barrison A	viole	7-07	· ·	- /-		



OHMH-16 Rev 1/89

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retained	should a	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	
h. Page	eral direc	
after deat	y the fun	noval.
- HOURS	illed in b	in, or ren
within	npletely 1	crematio
executed	and cor	to burial,
ficate be	physician	he prior
ath certif	ttending	tal Hygiei
at the de	by the a	and Men
quires th	n signed	/ Health
ne law re	has bee	Dept. o
ICIAN: TI	ertificate	the State
3 PHYS	or this c	th with
ENDIN	DR: Afte	her dea
TIN HO.	DIRECT	hours at
HOSPITAL	FUNERAL	he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
뿚	THE	Flad
2	2	P. o.f

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND			F HEALTH AND	MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) FRANK	RUSSELL JA		, SR.		2. DATE O MONTH FED IM	gry 2	1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 222-26-5459	5. SEX 1 X M 2 D F 48	last birthday) YRS.	MONTHS DAY	YS HOURS MIN.	7-12	2°42'	DEL	AWARE
EP.	99. FACILITY NAME (If not institution, give str ENINSULA GENERAL H	ost and number) OSPITAL			NN OR LOCATION OF	DEATH		COMICO	
IRECT	4. SOCIAL SECURITY NUMBER 222-21-5459 9e. FACILITY NAME (If not institution, give str ENINSULA GENERAL HO RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MARYLAND SOME	DCCT		Y, TOWN OR LO	CATION ANNE				10d. INSIDE CITY LIMITS? 1X YES 2 NO
AL D	100. STREET AND NUMBER	NJE I	ILKI	NCESS	101. ZIP CODE		100	. CITIZEN OF	WHAT COUNTRY?
6	512 S. BECKFOR				21853				SA
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Olvorced	12. WAS DECEOENT EVER IN U.S. FORCES? 1 X YES 2 [IF YES, GIVE WAR OR DATES	ARMEO NO	If yes	OECENDENT OF HIS s, specify Cuban, Mex YES 2 NO Spe	dcan, Puarto Ri		0— 14. RAC Blac Spe	CE — American Indian, ck, White, atc.
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (L.4 or 5 +)	(Give kind of a	USUAL OCCUI work done during the retired.)	g most of working		ONSTRU		N CO.
E COMPL	17. FATHER'S NAME (First, Middle, Lest) FRANK T. JACKS	ON					ddle, Malden Surne		N
TO B	PATRICIA JACKS	SON			CKFORD				S ANNE, MD
	20s METHOD OF DISPOSITION 1 Deurlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State SPR	CE OF DISPO	ILL MI	of cometery, cromatory EMORY G	ARDE	VS, HEI	BRON,	, MD
	21. SIGNATURE OF FUNERAL SERVICE UC	ENSEE Salle		Zel	ler Fune lisbury,	ral Hor	me, P.	O. Bo	× 3171
		lat only one couse on each	ina.						Approximete Interval Batwean Onset and Death
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONDUE TO (OR AS			ensders.	S .			
: MEDICAL C	PART II. Other algnificent condition			in the under	rlying cause given	in Part i.	24a. WAS AN AUTO PERFORMED t YES 2)?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH	(Check only one)	0	0011110
РНУ	t	1 Inpatient 2 ER/Outpetien 28a. DATE OF INJURY (Month, Day, Year)	26b. TII	AE OF 28-	c. INJURY AT WORK? YES 2 NO	28d. DES	(Specify) C		PGHMC
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — A building, etc. (Specify)	I home, farm,			261. LOC/	ATION (Street and I or Town, State)	Number or Rura	al Route Number,
OMPLET	(Check only	CIAN: To the best of my knowledge							e(a) and menner as stated.
D BE CO	296. SIGNATURE AND TITLE OF CERTIFIES	Bliga	en 1	0	29c. LICENSE	NUMBER 7/8/	29	DATE SIGNI	ED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WH				5.0		21.0		/
	31. DATE FILED (MART) Day, Year) 91	22. REGISTRAR'S SIGNATURE	SHORE	DRIVE.	SALISBUR	ly mi	011-0	/	
	res 1 4 91	La va Davide	on-Pane	tell					



1		-	FOR STATE REGISTR	AF
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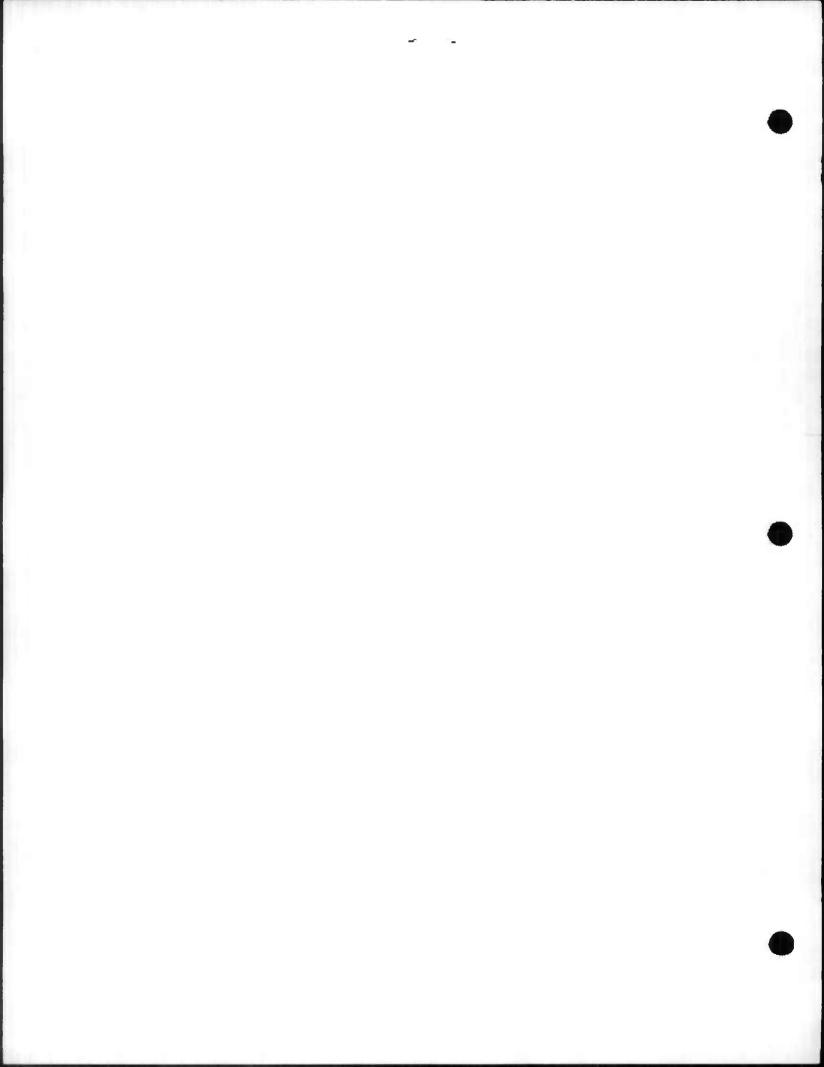
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last)	V 1 .1				2. DATE OF DEATH	DAY	3. TIME OF DEATH
WAITER	hohout		Character .		1-eb 1	5 1	991 11:17 HM
4. SOCIAL SECURITY NUMBER 065-03-3645	1 M 2 □ F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 11-05-19		6. BIRTHPLACE (State or Foreign Country) NJ
9. FACILITY NAME (If not institution, give a HAR-PRO MCM) RESIDENCE OF DECEDENT	reet and number)	tal st	HAURE	E OLGRA	11.	9c. COUN	AR FORD
10e. STATE 10b. COUNT	Y	10c. CITY, To	OWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
	larford			de Gra	ce		1 X YES 2 NO
	tokes Street		101	zip code 210	78	10g. CITIZ	ZEN OF WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D WW II +	2 NO	If yes, sp		IIC ORIGIN? (Specify Y n, Puerlo Ricen, etc.) :	es or No-	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION	16a, DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo		16b. KIND OF B	USINESS/INDI	
	4	(Ret) Sa	fety D				ral Government
17. FATHER'S NAME (First, Middle, Lest) Joseph K	ohout				ME (First, Middle, Malde L Vanecek	,	
19e. INFORMANT'S NAME (Type/Print)	onout	19b. MAILING AD	DRESS (Street o	-	Route Number, City or To		Code)
Mrs. Emma J.	Kohout	316	South	Stokes S	st., Havr	e de (Grace, MD 21078
20a. METHOO OF DISPOSITION 1 X Burlel 2 Cremellon 3 Rem	10val from State	o. PLACE OF DISPOSITION other place)					City or Town, Stata
4 ☐ Donation 6 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Ange		Cemetery ND ADDRESS OF FA		avre (de Grace, MD
NDQuin.	S. In	T	Mitch	nell-Smit	h Funeral ace, MD		•
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Gents	A CONSEQUENCE OF):	riges Caro	twe h	eart hufarel	ialu jos	Onset and Duath
PART II. Other algolificant condition	ns contributing to death t	out not resulting in	tha undarlyin	g csuse given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	иобыты.			LACE OF DEATH (Ch	eck anly one)		
1 YES 2 10	HOSPITAL:	patient 3 DOA 4			6 Other (Specify)		
27. MANNER'OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME C INJUR	Y W	JURY AT ORK? YES 2 NO	28d, DEŞCRIBE HOV	V INJURY OCC	CURED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR' building, atc. (Spe	Y — Al home, farm, stre	et, factory, offic	ce .	28f. LOCATION (Stre- City or Town, Sta		r or Rural Route Number,
one)	BICIAN: To the best of my know ER: On the best of examination						ted. ne ceuse(a) and manner ea stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R Blian	i Go	MD.	29c LICENSE NU	MBER 2	29d. DAT	E SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W Brian T. Yeo,				Havre	de Grace,	MD	21078
31. DATE EIBED HAONIN, (Day, Joan)	#2. REGISTRAR'S SIG						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a curs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the before the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO BE COMPLETED BY FUNERAL DIRECTOR

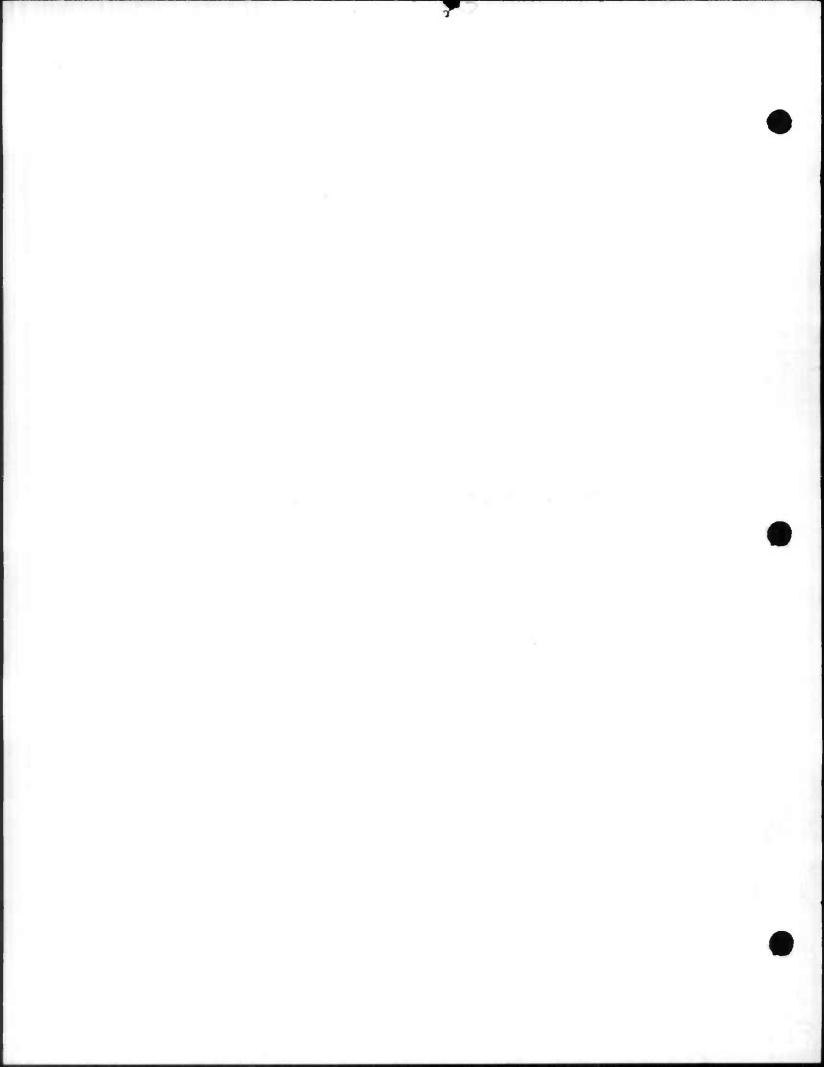
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit has the detached for use as the burial-transit permit important in them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
1. DECEOENT'S NAME (First, Middle, Last)	6 Vely N	KNigh	+	2. DATE OF DEATH MONTH	Y 91 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-05-0330	6. SEX 6. AGE (UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/26/03	Count	HPLACE (State or Foreign y)
9a. FACILITY NAME (If not institution, give st Harford Me)	mornal Ho	150	CITY, TOWN OR LOCATION OF E	CC	HOT FO	DEATH Q
100. STATE 100. COUNTY Maryland Har	rford		own or location			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER		TIBEL	101. ZIP CODE 21001		U.S.A	WHAT COUNTRY?
136 Bush Chap	Del Road 12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic	NIC ORIGIN? (Specify Yes	or No.— 14. RAC	E — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TES 2 NO Spec		Whi	offy:
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		111/11/2012 10 10 10 10 10 10 10 10 10 10 10 10 10	done during most of working tired.)		SINESS/INDUSTRY	
8 17. FATHER'S NAME (First, Middle, Last)	0	Telepho	one Operator	Teleph	one Comp	any
John	n Henry Neid		Henr	ietta Wilhe	lmina Ga	rdner
190. INFORMANT'S NAME (Type/Print) Patsie L. White	e Jackson		oness (Street and Number or Rura			21001
20e. METHOD OF DISPOSITION 1 💢 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	PLACE OF DISPOSITION Of PHOTO PIACO) Baker Cen	ON (Name of cometery, cremetory or NETERY	1	erdeen, M	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE CONTRACTOR		22. NAME AND ADDRESS OF F Tarring-Cars Aberdeen, Ma		Home, P.	
23. PART I. Enter the diseases, or ahock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause List only one cause on e s		anter the mode of dying, au	ch sa cardlec or reep	iratory arrest,	Approximate interval Between Oneet and Death
Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	DIVE TO (OR AS A	A CONSEQUENCE OF):	y jel	O reem	Fyrsh	rychi-
PART II. Other significant condition	s contributing to death t	out not resulting in t	the underlying cause given i	n Part i. 24a. WAS AN PERFOI 1 YES 2	BMED?	b. WERE AUTOPSY FIRDWIGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence			
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	PF 26c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUREO	
3 Suicide 6 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY building, atc. (Spe	f — At home, ferm, stre	et, factory, offica	281. LOCATION (Street City or Town, State	and Number or Rural)	Route Number,
(Orlock Oth)			at the time, data and place, and d			(a) and menner as stated.
296. SIGNATURE AND TITLE OF CENTIFIE	160/J. (EL.	29c. LICENSE N	UMBER 55	29d. DATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DI	EATH (ITEM TO COPO, Pr	ne de gra	rei n	1.210	178
31. DATE FILED (Month, Day, Year) FFR 1 9 9 1	32 REGISTRAR'S SIGN	n-Aandell		-		



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DELACTION	er death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Once
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2 Should		notified
page		he
lirector,		r must
numeral o		is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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_	FOR STATE REGISTRAR 1. DEGEDENT'S NAME (First, Middle, Last)	STATE OF MARYLAN	D / DEPAR					REG. NO	E	_	
- 1	KALLA TUAN	A5 W.	Thomas	s W.	Ka	11a	MONT		2 0	AR	0615
(4. SOCIAL SECURITY NUMBER	17 9	ra. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH	2 7/	BIRTHP	LACE (State or Foreign
1	579-09-2577	12M2OF 7	YRS.	MONTHS	DAYS	HOURS MIN.	(Mont	- 21-1	2 1	Vew	
IOR	9a. FACILITY NAME (If not institution, give str ANNE ARUNDEL	med and number) MEDICAL (ENTER	9b. CITY, ANI	VAI	POLIS	PEATH M)	ANNE		RUNDEL
DIRECTOR	10e. STATE Md .	A.A.	10c. CIT	Edge							IOd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	n.n.				ZIP CODE			10g. CITIZEN		IAT COUNTRY?
ERA	601 Barton Ro	ad				2103	37		_	JSA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	NO	11	yes, spe	ENDENT OF HISPA ocity Cuban, Maxic 2 X 20 Spec	an, Puerto	N? (Specify Yes Rican, etc.)	or No 14.	RACE - Black, Specify.	American Indian, White, atc. White
	15. DECEDENT'S EDUC	ATION 1	sa. DECEDENT'S	I IISIIAI OC	CHIPATIC	nu .	160	KIND OF BU	SINESS/INDUS	rpy	WILLE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done done done retired.)	uring mo	at of working					uit Co.
	17. FATHER'S NAME (First, Middle, Lest) William Kalla					18. MOTHER'S N		Middle, Meiden U1ako			
TO BE	19a.INFORMANT'S NAME (Type/Print) Lena Doris Ka	11a	19b. MAILING Sar	ne a	(Street a	nd Number or Rure	Poute Num	ber, City or Tow	n, State, Zip Co	de)	
ī	20e METHOD OF DISPOSITION 1 1 Juriel 2 Cremation 3 Remo	eval from Stale 20b. P	LACE AND DAT	E OF DISPO	sition ecce:	(Nama metery	2-1	6 - 91	CATION CHy Suit1	or Tow	n, Sieta
	21. SIGNATURE OF FUNERAL SERVICEAUC	O Sol	/	6 C	633	Old A.ton, Md	lexa 20	Lee F nder 735	unera Ferry	I R	ome, Inc
	23. PART I. Enter the diseases, or c ahock, or heart failure. I	omplications that caused to List only one cause on each	ha death. Do h Ilna.								Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	CUA									2 DAG
	readiting in death)	DUE TO (OR AS A C	ONSEQUENCE O	F):							7
N	Sequentially list conditions,	COPD									
AT	If any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE (XF):							
CERTIFICATION	CAUSE (Disease or Injury that Initieted events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE (OF):							
뜅	DART II Out classificant and dist-								i and and		
CAL	PART II. Other algolificant condition	s contributing to death but	not resulting	in tha un	aariyin	g causa given i	n Part I.	24a. WAS AP PERFO	RMED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA								1 TYES	I I NO		DF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	30	OTHER	t:	ACE OF DEATH (C					-
HXS	27. MANNER OF DEATH	1 dispatient 2 ☐ ER/Outpati	ent 3 🗆 DOA	-	ing Horr	e 8 🗆 Rasidence			INJURY OCCUP	ero.	
	Natural 5 Pending	(Month, Day, Year)	JIN.	JURY M	WC	PRK?	200.00	JONIOL HOW			
red BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify		street, fact	ory, offic	•		CATION (Street or Town, State	and Number or	Rural Ro	oute Number,
COMPLETED	east only	CIAN: To the best of my knowled R: On the besis of examination a									and manner as stated
00	29b. SIGNATURE AND TITLE OF CERTIFIES		and anastides		patition, C			a and piece, 8			
O BE	Adun M		en			29c. LICENSE N			100000000000000000000000000000000000000		(Month, Day, Year) 3 - 91
2	30/NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	H (ITEM 27) /7/m	Print)							

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

POLEST

DL.

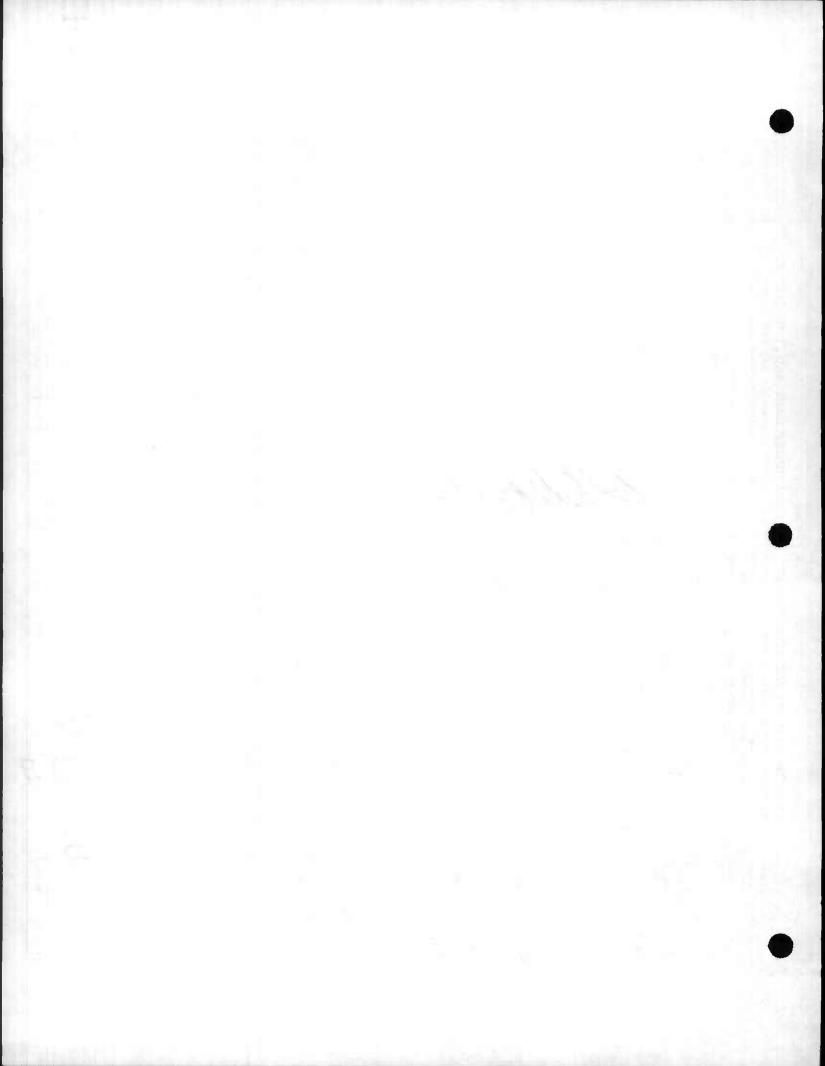
CSUN 1833 POLES : 32. REGISTRÁN'S SIGNATURE Julia Davidson-Randell

JACKS UN

31. DATE FILED (Morith, Day, Year)
FEB 14 '91

DHMH-16 Rev 1/89

21401



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunla-transit permit. Pice hilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

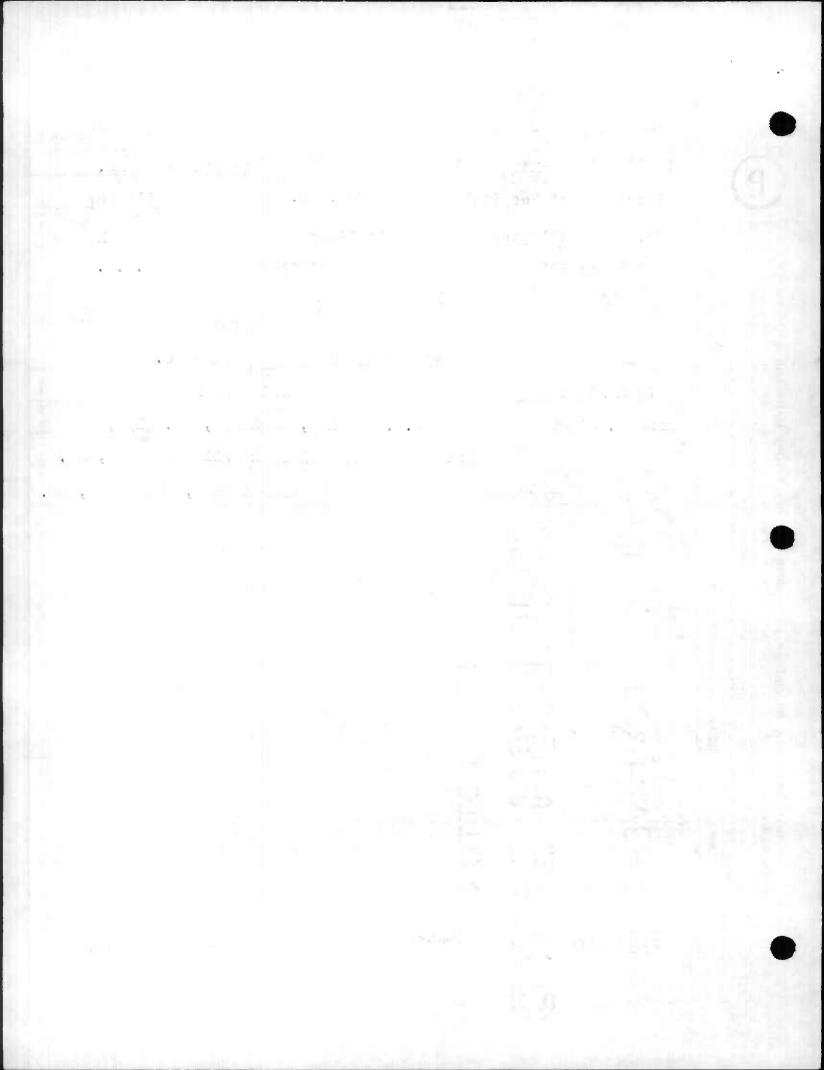
_ STATE REGISTRAR	OIME OF MA	CE	RTIF	CATE	OF	DEAT	H	***	REG. NO				
1. DECEOENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH			3. TIME OF DEATH	
MARGARET HE	LEN KEAR!	NEY						Feb	. 9.	199	YEAR	7	> '
4. SOCIAL SECURITY NUMBER	T	AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS.	7. DATE	OF BIRTH		6. BIRTI	HPLACE (State or Forei	gn
577-05-9783A	1 □ M 2 😾 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.		. 4 . 19	13	Pon	nsylvan	ia
Da. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWN OF	LOCATIO			• 4 1 1 3	-	UNTY OF D		La
Ginger Cove He	alth Car	e Cent	ter	Aı	nnap	oli	s			Aı	nne	Arundel	
On, STATE 10b. COUNT	1		10c. CITY	r, TOWN O	R LOCATI	ON						10d. INSIDE CITY	
Maryland Ann	e Arunde	1		Anna	apol	is						LIMITS?	0
De. STREET AND NUMBER					-	ZIP CODE				10g. CI	FIZEN OF	WHAT COUNTRY?	_
1302 River C	rescent	Drive			1	21	401			1	I.S.	Α.	
1. MARITAL STATUS Never Married 2 X Married	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	VER IN U.S. ARI		1 1	f yes, spe	olfy Cuban	, Maxica	n, Puarto	IN? (Specify Ye Rican, atc.)	a or No-		CE — American Indian. ck, White, atc.	,
☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAR	OR DATES		'	_ YES	2 X NO	Specify	y:			W	hite	
15. OECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N t of working		16	b. KIND OF BL	SINESS/IN	DUSTRY		_
Elamantary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	turing inus	t or worming	,						
12			Hom	emal	cer				Hom	е			
, FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First,	Middle, Maider	Sumame)		<u> </u>	
Robert Emmitt	Murray					Ma	ry	E.	Flana	gan			
e. INFORMANT'S NAME (Type/Print)		198	, MAILING	ADDRESS	(Street an				mber, City or Tox		lip Code)	214	01
Richard D. Ke	arney]	302	Riv	rer	Cre	sce	nt	Drive	, A1	nap	plis, M.	Ð
Da. METHOO OF OISPOSITION ☐ Burlai 2 🏗 Cremation 3 ☐ Rem	oval from Sink	20b. PLACE other pla	OF DISPOS	SITION (Na	me of cem	etery, cremi	ntory or		20c, L	CATION -	- City or T	Town, Stata	
Denation 5 Other (Specify)		Meti		lita	an C	rem	ato	ry	Al	exai	ndri	a, VA	
, SIGNATURE OF FUNERAL SERVICE W	ENSEE //	/				O ADDRES			-		- 		
the allel of	THA	/			-				Chap			214	01
SHUKK SI	Jyu c				17 G	lou	ces	ter	St.	Anna	logi	is MD	
 PART I. Enter the diseases, or shock, or heart fellure. 				iot sinter	the mod	e or ayır	ng, suc	n ss ca	raisc or resp	Hratory 8	rrest,	Approximat Interval Bat	
IMMEDIATE CAUSE (Final disease or condition	0	. +	2	5	- 11							Onset and I	Daa
reaulting in desth)	· Kooyo	isole	Dee		cell	les	u			-			
	Oppe to to	R AS A CONSEC	ZUENCE GR	" _	· 1				/	7			
Sequentially list conditions,	h I WEN	AS A CONSEC	ee y		40	w	eg	- 6	nu	_			
If sny, lesding to immediate cause. Enter UNDERLYING		-0	-			n.,	11					18	
CAUSE (Disesse or Injury that initieted events	E. DURETO (Q	AS A CONSE	NENCE OF	rue	-0	-	4	11	1			-	
resulting in death) LAST	11/2	Post.	1	-	1/2	111	-1	-	lan	10	(
•	d. 1-(2	will	-u	6	16	de	01		000	-			
PART II. Other significant condition	s contributing to de	eth but not r	esulting	in the ur	derlying	ceuse g	iven in	Part I.	24s. WAS A	N AUTOPS	1 24	Ib. WERE AUTOPSY FINE	
									1 TYES			COMPLETION OF CA OF DEATH?	
												1 YES 2 -NO	-
5. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF O	EATH (Ch	eck only	one)				_
EXAMINER? 1 YES 2 NO	HOSPITAL:	B/Outpatient 3	□ DOA	OTHE	A:	5 D Pa	eldence	- R - D - O+	her (Specify)				
7. MANNER OF DEATH	28a. DATE OF IN	JURY	28b. TIM	E OF	28c. INJI	JRY AT			ESCRIBE HOW	INJURY C	CCURED		_
1 Natural 5 Pending	(Month, Day,	Year)	IN.	JURY	1 TY	RK7	ND		0) 0				
2 Accident Investigation 3 Suicide & Could not be	26e. PLACE OF I	NJURY — At ho	me, farm,	street, fac	tory, office			28f. LC	CATION (Street	and Numb	er or Rumi	I Route Number,	
4 Homicide 6 Could not be	building, ato	c. (Specify)						Ci	ty or Town, Stat)			
9a. CERTIFIER	SON SAMES AND SAME												
(Check only													
2 MEOICAL EXAMIN	ER: On the basis of exam	mination and/or	investigatio	on, in my o	opinion, d	eath occur	ed at the	time, de	ita and placa, i	nd due to	the cause	/(a) and manner as sta	ted.
296. SIGNATURE AND TITLE OF CENTIES	R	0				29c. LICE	NSE NU	MBER	_	29d. D.	TE SIGNE	ED (Month, Day, Year)	,
-1011 A	Quee	MY				1)	18	50	29		11 7	120 41	_
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITE	M 27) JAPO	, Print)			1		· ·	1.	1	Sty /	. 1/
GAD KIDGB	LY YTY	E.	2/1	11-	3/	_/	4	m	mo	111	1	1421	4
1 DATE EIL EO (Month Of VDr)	-32 BEGISTO 40'	s cardidarium	50	6.00	-		7		1/		7		_

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-002	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burla, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR; After this cert be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, o	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENI
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC				HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle THOMAS	no, Last) LORRAIN KIGHT				2. DATE OF MONTH	OEATH DAY	YEAR	3. TIME OF OEATH 11:40am
4. SOCIAL SECURITY NUMBER 214 07 621	6 15√X2□F 8	1 YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, E	311909	Count	Md.
90. FACILITY NAME (If not institution of the state of the	eart Hospital	90	Cumb.	Md.	EATH	9c. (Alle	
Sacred Horeston Sacred Horeston Holesto	Allegany		own or Locat Rawlin					10d. INSIDE CITY LIMITS? 1 YES 2 NO
P O Bo	x 123		101.	21557		10g.	CITIZEN OF	what country?
11. MARITAL STATUS 1 Never Married 2 Merr 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	if yes, spe	ENDENT OF HISPA city Cuben, Mexico 2 NO Specia	en, Puerto Ric		— 14. RAC Blec Spec	E — American Indian, ck, White, etc. chy: White
	IT'S EOUCATION lest grade completed) College (1-4 or 5+)	16a. OECEOENT'S US (Give kind of work life. Do NOT use n	k done during mos stired.)	t of working		ind of Business		W111.00
17. FATHER'S NAME (First, Middle, John Ki)	·	Tire B	ullder	18. MOTHER'S NA		idle, Meiden Surnan		
John Kij 190. INFORMANT'S NAME (Typos) Anna U. K	trint)			nd Number or Rural 23, Ra				57
20a_METHOD OF DISPOSITION 1	Removal from Stata	b. PLACE AND DATE O cemetary, crematory or POSTBUPS	Memor 22. NAME AN	ial Pa	ACILITY	Il Fro	stbu	rg, Md.
23. PART I. Enter the disease	ses, or complications that cause	d the deeth. Do not						Approximets Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	rlery	1 Ini	a-ch Pase	ren		Onset and Dasi
PART II. Other significant c	onditions contributing to deeth	but not resulting in	the underlying	, cause given in		HAS AN AUTO PERFORMED?	2" "	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C				
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Perior	1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJ	URY AT RK?	-	Specify) RIBE HOW INJURY	OCCURED	
2 Deviate	28a, PLACE OF INJUR	Y — At home, farm, stre	et, factory, offic			TON (Street and Nu Town, State)	mber or Rural	Route Number,
000)	NG PHYSICIAN: To the best of my know							(s) end manner se stated.
29b. SIGNATURE AND FITLE OF	s Enny h	FATH WEEN 27 (Type P)	right	MD 3	5/35		2/9	(Month, Day, Year)
Changs &	Eugn Change	M MI)	9125	fou e	Drive	e Can	sherk	and mo
FEB 1 3 19	191 gris Davidson	Mandelle						

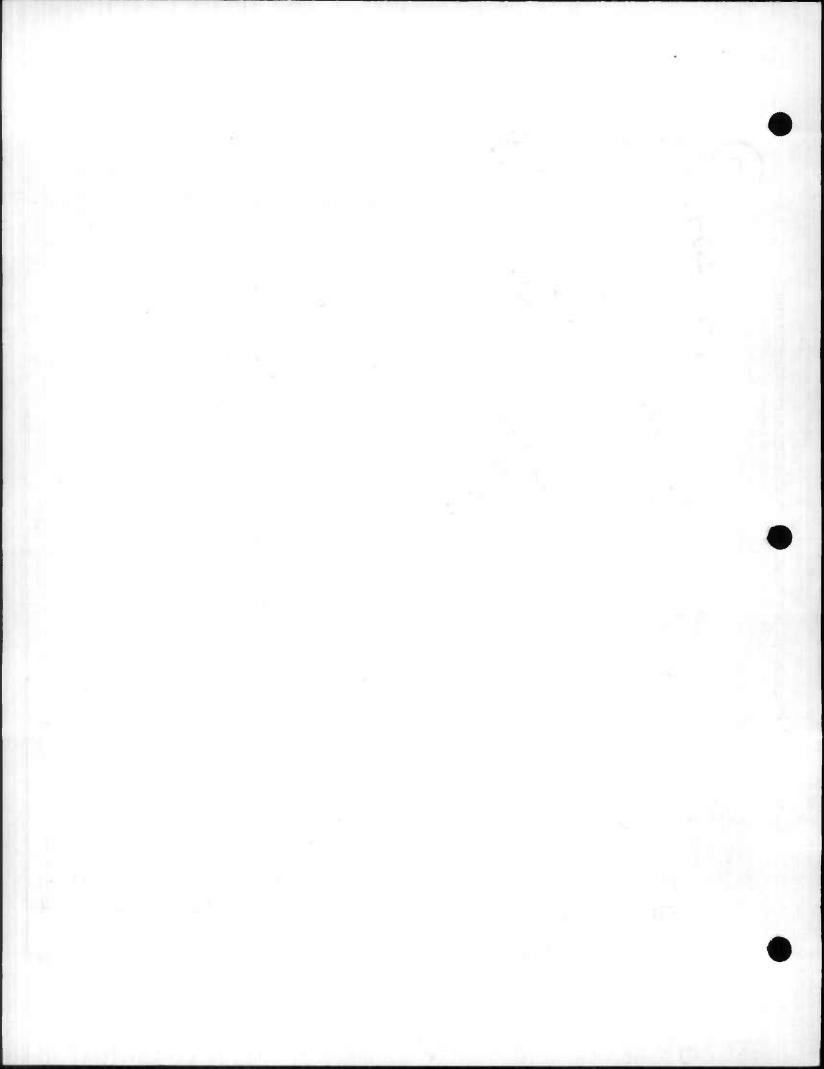


DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

-	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		ERTIFICATE O		REG. NO.	Y A YEAR	3. TIME OF DEATH
P	80 WARD A 4. SOCIAL SECURITY NUMBER 217-09-4574	6. SEX 6. AGE (In yrs. los	YRS. IF UNDER 1 YEAR MONTHS DAYS		Februar 7. DATE OF BIRTH (Month, Day, Year) AUG - 27	9 99 8. BIR 19/6	THPLACE (State or Foreign
TOR	SAINT JOSEP	h Hospital	Balt	MOCC	ATH /	TOW.	
DIRECTOR	10e. STATE 10b. COUNT	ry		TORE			10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER 73/ S. Z. 11. MARITAL STATUS	ECKER AVE	E	2/22 ECENDENT OF NISPANI	C ORIGIN? (Specify Yea	0 . or No — 14. RA	S - A . ICE — American Indian,
ED BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDI	FORCES? 1 YES 2	1 D Y	specify Cuban, Maxican ES 2 NO Specify:			eck, White, etc.
PLET	(Specify only highest grad	le completed) (G	ECEDENT'S USUAL OCCUPA tive kind of work done during a. Do NOT use retired.) ELF - EMP		BODY	+FEN	DER
5 111	17. FATHER'S NAME (First, Middle, Last) FRANK 19e. INFORMANT'S NAME (Type/Ptint)	EERANS	b. MAILING ADDRESS (Street	Will	AE (First, Middle, Melden	EMAS	7US
TO BE	JULIA SCO	20b. PLACE	SZO S. NO OF DISPOSITION (Name of	BINSON	ST. BA	CATION — City or	1D 71724 Town, State
	1 Burial 2 Cremation 3 Rei 4 Donation 6 Other (Specify)	<u> </u>	RAWN C 22, NAME 1 · K	EM. AND ADDRESS OF FAC	Billity 4. 2829		60. MD.
event, the medical	23. PART I. Enter the diseases shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A CONSE	9.	node of dying, auch		liretory arrest,	Approximats Interval Betwee Onset and De
ry, or other traumatic	Sequentielly liet conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE d.	,				
any inju	PART II. Other significent condition	ons contributing to deeth but not	resulting in the underly	ing couse given in	Part I. 24a, WAS AN PERFOI 1 YES :	RMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shows							
SICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	OTHER:	PLACE OF DEATN (Che			
or item 23 s IYSICIAN:	EXAMINER?	1 Inpetient 2 ER/Outpetient 28s. DATE OF INJURY (Month, Day, Year)	OTHER: 3 DOA 4 Nursing P 26b. TIME OF NUTSINJURY M 1 [ioma 6 Residence INJURY AT WORK? YES 2 NO		INJURY OCCURED	
is marked, or item 23 s D BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not bed determined	28e. PLACE OF INJURY — At h	OTHER: 3 DOA 4 Nursing P 26b. TIME OF NUTSINJURY M 1 [ioma 6 Residence INJURY AT WORK? YES 2 NO	6 Other (Specify)	and Number or Ru	
f item 28 is marked, or item 23 s IPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — At h	OTHER: 4 Nursing 25b. TIME OF INJURY M 1 [ome, tarm, street, factory, come, tarm, street	injury AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and ma	and Number or Rul	ral Route Number,
item 28 is marked, or item 23 s PLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only	28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At h building, atc. (Specify) (SICIAN: To the best of my knowledge, d NER: On the besis of axamination and/or	OTHER: 4 Nursing 26b. TIME OF 28c. INJURY M 1 ome, tarm, street, factory, of the time, of the t	injury AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and ma time, data and place, a	and Number or Rui	ral Route Number,

DHMH-16 Rev 1/89

			FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NTAL HYGIENE REG. NO.		
		į	1. OECEDENT'S NAME (First, Middle, List)	Olickij	ohn Frank	Krolicki	2.	DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
(P)	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (1	yrs. last birthday) IF U		INDER 24 HRS. 7.	OATE OF BIRTH 2-6 (Month, Day, Year)2-6	NO Pen	HPLACE (State or Foreign try) NSylvania
V	ب	CTOR	98. FACILITY NAME (If not institution, give s	treet and number)	21-bsp to	CITY, TOWN OR LO	cation of DEATH	\$	ec COUNTY OF	
Page		DIREC	10s. STATE 10b. COUNT	rice George	10c. CITY, TO	wn or Location				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
neit parmit		ERAL	100. STREET AND NUMBER 919 7th Street			10f. ZIP	ODE 707		10g. CITIZEN OF USA	WHAT COUNTRY?
ZU3-3146 r attending physician.		BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, specify,	Puben, Mexican, P NO Specify:	ORIGIN? (Specify Yea o uerto Rican, atc.)		E — American Indian, ck, White, etc.
A Port		LETED	15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)		done during most of a red.)	working	16b. KIND OF BUSIN		
by the hospital	_	E COMPL	17. FATHER'S NAME (First, Middle, Last) John Krolicki	U	Nainten	18,	MOTHER'S NAME Catherin	Furniture (First, Middle, Meiden St. e. Gross		
be retained to 5 should	notified	TO BE	190. INFORMANT'S NAME (Type/Print) Edith Krolicki			RESS (Street and N	umber or Rural Rout	Number, City or Town,	State, Zip Code) 20707	
Page 6 may	or must be		20e. METHOD Q5 DISPOSITION 1	noval from State	other place)	shingtor	Cremat	orv Lau	rel, iD	
after death. P	yal. at examiner		· Katale	Xulead	ley	7601 Sar	iay Spri	Fleck Fung Road I	Laurel,	1:0 20/0/
thin co cours	i, cremation, or remove		23. PART / Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	I let with one could on a	Selv Ilina					Approximata Interval Between Onset and Death
P.O. BOX 13146, ath certificate be executed with another physician and complete the property of the property o	i Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. ACUTE DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	CARDI	DAEH	ARRIN'	OCK,	A
RECORDS, requires that the de	Dept. of Health and Mental	MEDICAL	TSCHE MC	_			use given in Pa	rt I. 24s. WAS AN A PERFORM	AED?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
OF VITAL P	the State Dept. of Health 1, or item 23 shows an	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		26. PLACE THER: Nursing Home 5	OF DEATH (Check	100 000		
O \{ \}	with the	ву РН	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28a. PLACE OF INJUR	26b. TIME OF INJURY Y = At home, farm, street	M 1 YES	2 NO	Bd. DESCRIBE HOW IN		il Route Number.
DIVISION OR ATTENDING	towns after	LETED	3 Suicide a Could not be determined	building, etc. (Spe	ochy)			City or Town, State)		
	to the Puneral. be filed within 72 ! IMPORTANT: If !	COMPL	(Check only	IER: On the basis of examination		n my opinion, death		ne, data and place, and	due to the caus	e(e) and menner as stated. ED (Mopth, Day, Year)
D THE	be filed	TO BE	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Pri	O T	500	(-11c	De De	16 MD 2074
5			31. DATE FILED (Month, Day Your)	Salti Wo	nature nature nature	4	30-1	Colleg	2 1	in i wife



TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fact that the death certificate be executed within the fact that the first that the requires that the death certificate be executed within the fact that the retained by the hospital or attending post the FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the been field within 22 hours after death with the State begt of Health and Mental Hygiene prior to burial, cremation, or memoral. WINDERTAIN: It has 28 is marked, or them 23 shows any lailure, or other fraumatic event, the medical examiner must be notified at once.

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26 1991

FFR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAD ROBERT MARTIN 1991 45 EBRILARY 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreig 7. DATE OF BIRTH 1956 Michigan DAY8 382-68-5301 HOURS 1 M 2 F 34 YRS Nov. 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR PHYSICIANS MEMORIAL HOSPITAL
RESIDENCE OF DECEDENT LA PLATA CHARLES 10c, CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Maryland Charles Waldorf 1 TYES 2 NO FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10s. CITIZEN OF WHAT COUNTRY? 20602 806 Hatteras Circle USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 → NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 🔀 Never Merried 2 🗔 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) Spec#y: White 1 TES 2 NO Specify BY 3 Widowed 4 Divorced COMPLETED 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Floral Designer Florist 9 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Martin Keemer, Sr. Shirley Jean Byrum BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Shirley Biondi 25 Ell Lane, Waldorf, Md. 20602 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Cremation 3 Ren 22. NAME AND ADDRESS OF FACILITY Huntt Funeral Home P. O. Box 156, Waldorf, MD. 20604 nter the diseases, or complications that course the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, book, or heart feiture. List only one cause on such line. Approximete Onset and Death IMMEDIATE CAUSE (Finel disease or condition CARDIO-RESPIRATORY FAILURE
OUE TO (OR AS A CONSEQUENCE OF): resulting in death) OUE TO (OR AS A CONSEQUENCE OF)!

ACQUIRED IMMUNE DEFICIENCY
DUE TO (OR AS A CONSEQUENCE OF):

SYNDROME CERTIFICATION Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATHS 1 □ YES 2 □ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER 1 TYES 2 NO tient 2 - ER/Outpatient 3 - DOA ng Home 5 - Reeldence 8 - Other (Specify) 4 🗌 Nure 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 🔀 Natural 8 Pending 1 YES 2 NO ВҰ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be ED 4 Homicide COMPLET 29e. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner ee ateted. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. BE D-- 26064 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VIDYASAGAR ANMANGANDLA M,D, P,O,BOX 282 CHARLOTTE HALL MD, 20632 32. REGISTRAR'S SIGNATURE

Rando 02

TO BE COMPLETED BY FUNERAL DIRECTOR

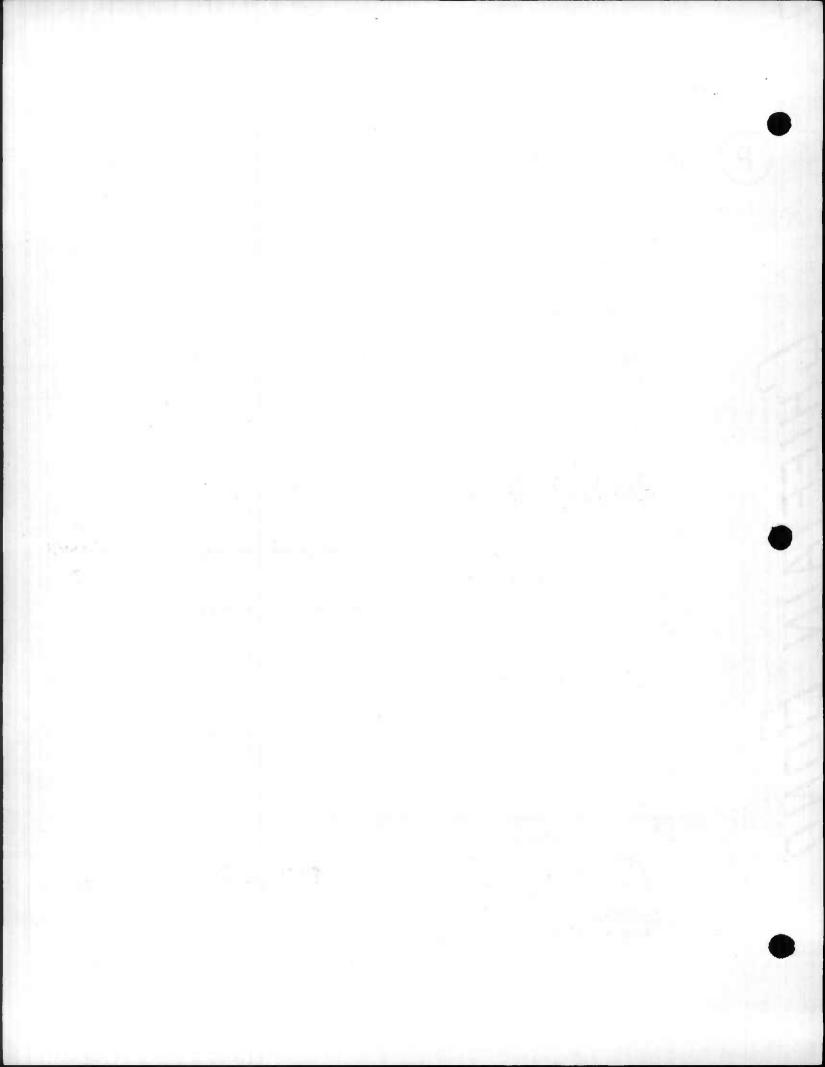
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
st, Middle, Last)		2. DATE O	F DEATH

FOR STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	John W	illiam	KITZMI	LLER	2. DATE OF DEATH MONTH DAY February	year 17, 199	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign
219-03-9515	1 🔀 M 2 🗆 F	76 YRS.	MONTHS DAYS	HOURS MIN.		1914 Ma	
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF	
Rt. 560			(Gorman		Gar	rett
RESIDENCE OF DECEDENT							
10a. STATE 10b. COUNT		10e. CITY	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
MD	Garrett		Gorma				1 24 YES 2 NO
10e. STREET AND NUMBER			10	f, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
Rt. 560		Box 5)		21550		USA	A
11. MARITAL STATUS 1 Never Married 2XXMarried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp		NIC ORIGIN? (Specify Yea o in, Puarto Rican, atc.) ly:	Ble	CE — American Indian, lock, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed	16a. DECEDENT'S	USUAL OCCUPATI	ON of working	18b. KIND OF BUSI	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT us	vork done during more retired.)	ost of working			
9th		Equipme	ent Oper	ator	Constr	uction	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden S	umame)	
Henry		Kitzmil]	ler	Ada		Snvde	er
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Town,		
Betty L. Kitzmill	er	Rt.	560. Go	rman, MD	21550		
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOS				ATION City or	Town, State
N Buriel 2	noval from Stata	other place)	avard Ce	motory	,	savard.	1.737
1. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	De		ND ADDRESS OF FA		ayaru,	WV
(M)	A Da.	Y			eral Home		
Bladion	N -XLOUICE	4	32	S. Secon	d St., Oakl	and, MI	21550
Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	b. Accidental DUE TO (OR A)	S A CONSEQUENCE OF	UA.	lan D	isease		2000FM
PART II. Other eignificant condition	4	but not resulting	in the underlyin	g ceuss given in	Part I. 24a. WAS AN A PERFORM 1 YES 2	NED?	4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C/	heck only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/O	Sutpatient 3 DOA	OTHER:	ne 8 X Residence	8 Other (Specify)		
27. MANNER OF DEATH 1 🔼 Natural 5 🗌 Pending	28a. DATE OF INJUF (Month, Day, Yea	Y 28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be determined	26s. PLACE OF INJU building, etc. (S	JRY — At home, ferm, ((pecify)	street, factory, offi	ca	281. LOCATION (Street ar City or Town, State)	nd Number or Rure	al Route Number,
and and	SICIAN: To the best of my kr IER: On the basis of examine						e(e) and manner as stated.
296. SIGNATURE OF CERTIFIE	The	eas	an	DR LICENSE NU	568	≥ 2 -	ED (Month, Dey, Year)
Dr. Roger Lewis	s, MD Cra	nberry Cl		erra Alı	ta, WV		
FEB 1 9 199	32 REGISTRAR'S S	GNATURE PANDLE					

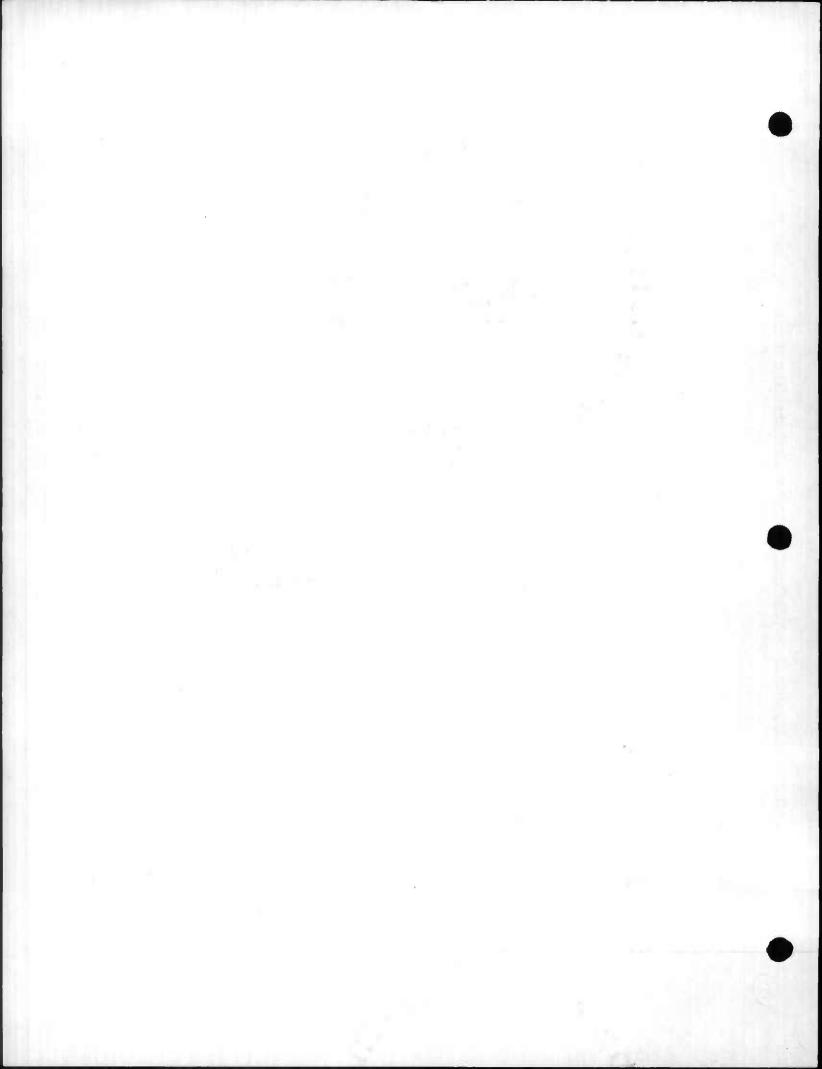


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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	equires	en sign	of Healt	hows
7	e law r	has be	Dept.	1 23 \$
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NO	DING	After	death	s mar
NSI/	ATTEN	ECTOR	rs after	n 28
	TAL OR	AL DIR	72 hou	If Her
	HOSPI	FUNER	within	TANT
	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within nours after death. Page 6 may be refained by the hospital or interest.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for what	be filed within 72 hours after death with the State Dept. of Health and Mental Hygliene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	1.0	-	Service Control	_

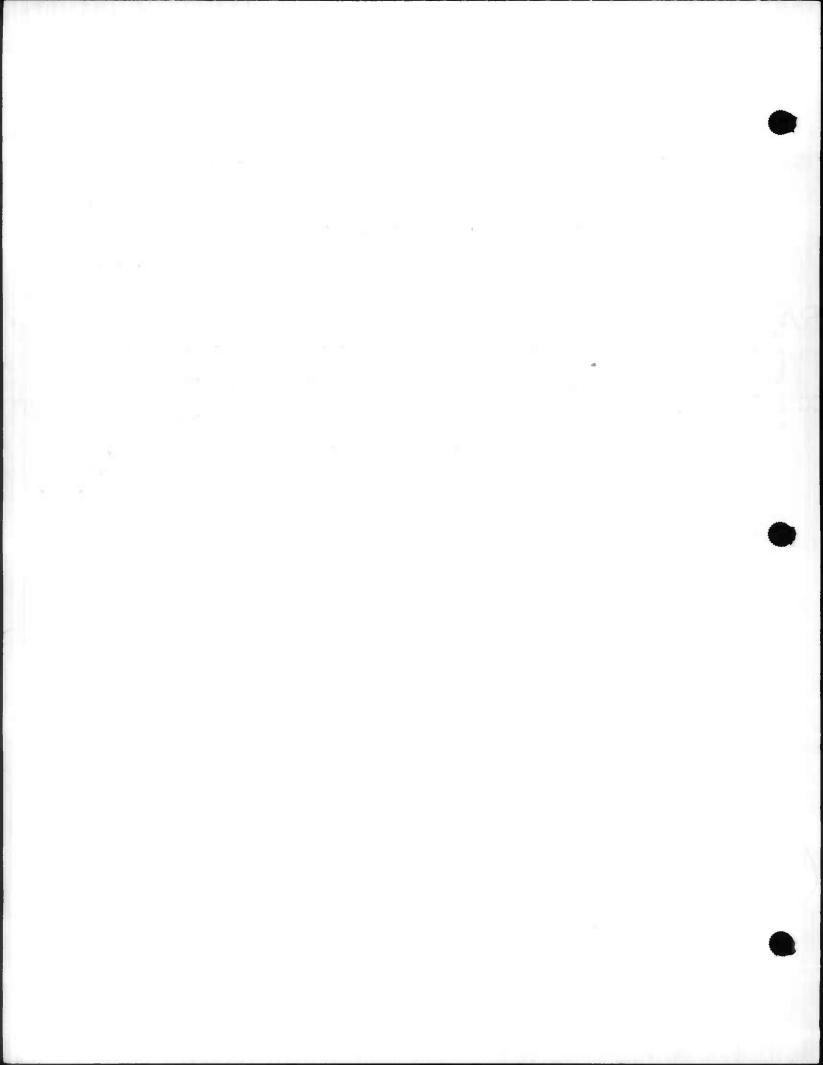
	FOR STATE	STATE OF M	MARYLAND /		RTMENT				MEN				9	05	26	3
	1. DECEDENT'S NAME (First, Middle, Last)	-	Ci	=HIIF	ICATE	UF	DEA	Н	2. D.	REG.	'n			3. TIME	OF DEATH	_
	ANTON	LEE							M	2/06/9	DAY		YEAR	12.5	ОРМ	М
	4. SOCIAL SECURITY NUMBER 516-03-5606	5. SEX	6. AGE (In yrs. les 82	t birthday)	IF UNDER	DAYS	IF UNDER	MIN.	7 D	ATE OF BIRTH	VI.	908	A. BIRTN	PLACE (S	itate or Foreignakota	gn
	9e. FACILITY NAME (If not institution, give st	rest end number)			9b. CITY	, TOWN	R LOCATI	ON OF DE	EATN			9c. COU	NTY OF D	EATN		
OR	PRINCE GEORGE'S	HOSPITAL	CENTER		CHE	VERL	Υ					PRI	NCE	GEOR	GE's	
DIRECTOR	10a. STATE 10b. COUNTY	e George	's	_	entwo		ION							LIM	IOE CITY	,
	10e. STREET AND NUMBER					101	. ZIP COD						IZEN OF V		JNTRY?	
FUNERAL	4409 41st Street						2072						S.A.			
BY FUI	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Vidowed 4 Olvorced	12. WAS DECEDEN FORCES?	YES 2 X	RMED NO		If yes, sp		n, Mexico	n, Pue	tiGiN? (Speci erto Rican, etc		or No—	14. RACI Bleck Spec	Hy:	icen Indien, etc. nite	
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S	S USUAL O	CCUPATIO	ON ast of world	na		16b. KIND O	F BUSII	NESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT L	use retired.)			-		11 0						
MP	12th Grade	None	Ci	V11 I	Engir	leer	I se MOT	NED'S NA	ME (E)	U.S.			ment			
	GUSTOV LEE							NAVA			eroori o	urremoj				
9E	190. INFORMANT'S NAME (Type/Print)		16	b, MAILIN	G ADDRES	S (Street	and Numbe	r or Rural	Route	Number, City of	or Town,	State, Zi	p Code)			
2	Ronald N. Lee (So			-				_	eab	rook,	Ma	ry1a	ind	2070)6	
	20a METHOD OF ISPOSITION 1 X Buriel 2 Cremation 3 Reir 4 Donation Other (Specify)	A trom	Fort	lece)									od,		vland	
	21. SIGNATURE OF FUNERAL/SERVICES	Sensee 3	· La		Fr	anc		asch	s	Sons ve. H						R 1
	23. PART I. Enter the diseeses, or													A	pproximate	0
8	IMMEDIATE/CAUSE (Final disease or condition resulting in death)				un	?	PLAL	M 01	\ A	RV	EN	1 Bo	Zisr	0	terval Beti nset and C	
z	Conting in contin	b. PAR	O (OR AS A CONSE	OUENCE	OF):	न्सि	YOR	A(O)	٦	CARA	PIA	KI	ARRI	179		
CATIO	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C											,			
CERTIFICATION	that Initiated events resulting in death) LAST	d	OR AS A CONSE	OUENCE	OF):											
	PART II. Other algnificent condition	na contributing to	death but not	resulting	In the u	nderlylr	g cause	given ir	Part	l. 24e. W		AUTOPSY	24		UTOPSY FINE	
CA											ERFORI				BLE PRIOR TO ETION OF CAI TH?	
PHYSICIAN: MEDICAL			· ·		·							X			ES 2 NO)
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			1		LACE OF	DEATH (C	heck o	nly one)						
YSIC	1 TYES NO		☐ ER/Outpatient	3 🗆 DOA	4 Nu		ne 5 🗆 1	Realdence	6 🗆	Other (Specia	(y)					
ВУ РН	27. MANNER OF CEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE O (Month,	F INJURY Day, Year)		IME OF NJURY	W	JURY AT ORK? YES 2	□ NO	284	I. DESCRIBE	NOW IN	IJURY O	CCUREO			
B	3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — At I j, etc. (Specify)	ome, farm	, street, fa	ctory, offi	ce		281	. LOCATION (City or Town,	Street e. State)	nd Numb	er or Rural	Route Nui	mber,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMIN	ER: On the best of												(e) end m	anner ee ats	ited.
BE	29b, SIGNATURE AND TITLE OF CERTIFIE	ofe						D 1		74		29d, D/	2	6 9	Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI		USE OF DEATH (IT		pa, Print)	5	BR	EW1	W	ر طمه	^	ND	20	72	2	
	31. DATE FILED (Month, Day, Year)	32. REGISTI	RAR'S SIGNATURE	0	00											
	FEB 11'91	Julia	Davidson-	Manae	04						_				OHMH-18	Rev 1/8



	REGISTRAR			CERTIF	ICALE	UF	DEA	I II		REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH	NY.	YEAR	3. TIME OF DEATH	1
1		OYD										991	1.55PM	
Ì	4. SOCIAL SECURITY NUMBER 024-281282	5. SEX		yrs. last birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE O	F BIRTH	200	8. BIRTH	PLACE (State or Ford	vign
	024-201202	1 M 2 D F	-	51 YRS.	MONTHS	DAYS	HOURS	MIN.	ar	13,19	739 H	/ ew	York	
1	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN (OR LOCATI	ON OF DE	ATH		9c. COUN	TY OF D	EATH	
ECTOR	PRINCE GEORGE'S	HOSPITAL	CENTE	-P		EVE	RLY				DOTA	105	SEODOFIC	
5	RESIDENCE OF DECEDENT		OLIVII.								LEKIL	IGE (SEORGE'S	
	Manual and Drin	ce Geor	~ 0 1 G		Y, TOWN O			+0					10d. INSIDE CITY LIMITS?	
- 1		ce Geor	ge s	Cap	i tol								XX YES 2 - N	Ю
₹	10e. STREET AND NUMBER						f. ZIP COD						A .	
	812 Glacier A	venue					2074	3				0.2	. A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN	J.G. HAMED					NC ORIGIN?	(Specify Yea	or No-	14. RACI Blec	E — American Indian k, White, atc.	١,
	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V					2 NO			outing accord			w: Black	
	11843	1	1		_1_				Toron					
	15. DECEDENT'S EDI (Specify only highest gred			(Give kind of life. Do NOT u	work done	CUPATION	ON ost of world	ng	16b. 1	UND OF BUS	SINESS/IND	USTRY		
	Elementary/Secondary (0-12)	offee de s	1-4		od Techician Pri						te-M	edi	cal	
COMPL														
	17. FATHER'S NAME (First, Middle, Lest) George Lloy	rd							AME (Fist, Middle, Malden Surname) an NcPhail					
		u												
2	19a. INFORMANT'S NAME (Type/Print)						City or Tow			743				
	Lisa Lloyd 812 Glacier, Capitol Heights, 200. METHOD OF DISPOSITION V.V. 200. DEACE OF DISPOSITION (Name of complexy, cremetory or large large)													
- 1	20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremetion 3.4 Ber	noval from State	206. 1	PLACE OF DISPO	SITION (Na	me of ce	metery, crer	metory or	le.	20c. LO	CATION -	City or To	own, State	
1	4 - Donation 6 - Other (Specify) Pinelawn Wemorial Park Pinelawn, N													
	21. SIGNATURE OF FUNERAL SERVICE L													
٠.	Marles C.	Shares	N	1	H	ous	e of	f Di	ggs	Hil	lcre	st	Hgts., N	/ID
	23. PART I. Enter the diseases, pr	complications the	at cauted t	the death. Do	not antar	the mo	oda of dy	ing, auc	h aa cardi	ac or raap	Iratory arr	eat.	Approxima	ta
	ahock, or heart failure	List only one car	use on aac	ch ilne.							,		Interval Be	twee
	IMMEDIATE CAUSE (Final disease or condition	Car	dia	211/00	~~ A	1.1	pt .	4//	of	-			Oriset and	Dan
	resulting in death)	a. DHE TO	COR AS A C	CONSEQUENCE	PI	7		1660	631	•				
	disease or condition resulting in death) a. Cataliopulmonaly accest. Due to (or as a consequence of): 1/0/ Circhosis									i				
Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):														
	if any, leading to immediate cause. Enter UNDERLYING											j		
2	CAUSE (Disease or injury that initiated events											+		
	that initiated events resulting in death) LAST													
CERTIFICATION		d											+	
EDICAL	PART II. Other algnificant condition	na contributing to	daath but	t not reaulting	in the un	derlyin	g cauaa	given in	Part I.	24s, WAS AN		240	. WERE AUTOPSY FIN	
										1 YES 2	2000		COMPLETION DF CA	
									1				1 YES 2 N	0
2														
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (Ch	eck only one)				
욹	EXAMINER?	HOSPITAL:	☐ ER/Outpar	tlant 3 DOA	OTHER 4 Num		ne 5 □ B	esidence	8 🗆 Other	(Specify)				
	27. MANNER OF DEATH	28a. DATE O	FINJURY	28b. TII	E OF	28c. IN.	JURY AT	40.001.00		RIBE HOW	INJURY OC	CURED		
	1 Natural 5 Pending	(Month, I	Day, Year)	IN	JURY M		ORK? YES 2 [NO						
5	2 Accident Investigation 3 Suicide s Could not be	28a, PLACE	OF INJURY -	- Al home, farm,	street, fact				28f. LOCA	TION (Street	and Number	or Rumi	Route Number,	_
	4 Homicide 8 Could not be determined	building	, etc. (Specif	y)		,,			City o	Town, State)			
.	29a. CERTIFIER													
MPLET	(Check only	SICIAN: To the best o												
5	2 MEDICAL EXAMIN	ER: On the basis of	examination	and/or investigati	on, in my c	pinion,	death occu	red at the	lime, data	ind place, ar	nd dua to th	e cause(a) and manner as st	nted.
u II	296. SIGNATURE AND TITLE OF CERTIFI	ER / D		N.			200	ENSE NU			29d, DAT	E SIGNE	D (Month, Day, Year)	
o		4-11	MS	the			D	-17	54	0	•	211	0,91	
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAL	JSE OF DEA	TH (ITEM 27) (Typ)	a, Print)		- 7							
	31, DATE FILED (Month, Day, Year)	32, REGISTR	AR'S SIGNA	TURE										
	FFR 11 '01	P 1 -												

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



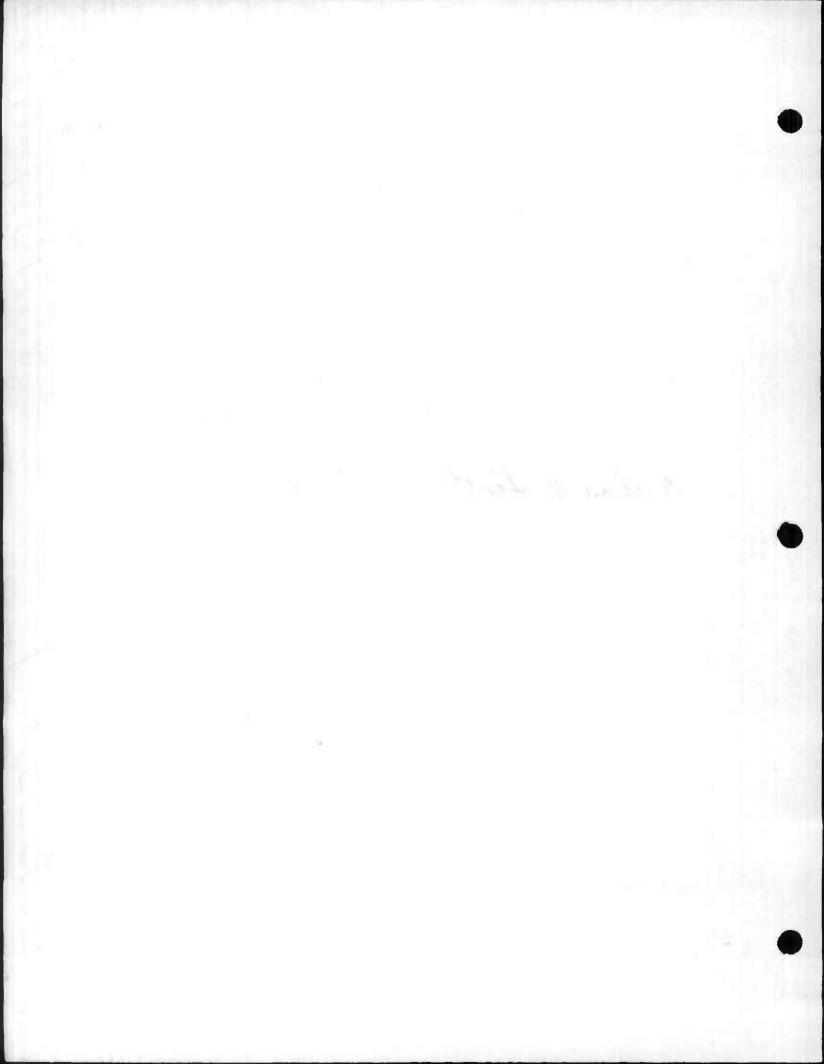
nermit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First								2. DATE OF DI	DAY	Y	EAR 3.	TIME OF OEA	тн
	IRENE E. I		THE PARTY OF THE P						2- 5		1991	11	30	AM
	4. SOCIAL SECURITY NUME 215-16-8257		5. SEX 1 M 2 X F	8. AGE (In yrs. let 76	YRS.	IF UNDER	DAYS	HOURS MIN.	7. DATE OF BI 7-9-19	14 14	M.	Country)	CE (State or F	oreign
OR	90. FACILITY NAME (# not in Rt. 1		reet and number)		96. CITY, TOWN OR LOCATION OF Delmar					96. COUNTY OF DEATH Wicomico				
JIRECT	RESIDENCE OF DEC	10b. COUNTY	mico		10c. CITY, TOWH OR LOCATION Delmar					10d.				
BA	100. STREET AND NUMBER				101. ZIP CODE 21875							COUNTRY?		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 3 XWidowed 4 Divo	4.0	FORCES?	NT EVER IN U.S. AI I YES 2 X MAR OR DATES	2 XNO If yes, specify Cuban, Maxi-			ecify Cuban, Maxica	cican, Puarto Rican, atc.) B			Bleck, Wi Specify: Whit		lan,
COMPLETED	15, DEC (Specify on Elementary/Secondary (I	+)	(Give kind of work done during most of working life. Do NOT use retired.)					o of ausi	CO.	TRY				
BE CON	17. FATHER'S NAME (First, A William Fra	ncis E	lliott					16. MOTHER'S NA Ida El:	izabeth	ı Fle	ming		ott	
0	Mable A. Be							B Delma:				ode)		
	20a, METHOD OF DISPOSITING Burial 2 Crematic	206. PLACE other p	of Dispos place) Ohns	Ceme	ter		or 20c. LOCATION — City or Town, State Fruitland, Md.							
	21. SIGNATURE OF FUNERAL	St. Johns Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE St. Johns Cemetery 22. NAME AND ADDRESS OF FACILITY Short Funeral Home, Inc. P.O. Box 204 Delmar, De. 19940												
CERTIFICATION	23. PART I. Enter the diseases, Dr complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, ahock, or heart feliurs. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											Interval I		
MEDICAL	PERFORMED? ANAI COM 1 YE8 2 NO OF E											ERE AUTOPSY AILABLE PRIOR IMPLETION OF TEATH?	R TO F CAUSE	
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE	R:	LACE OF DEATH (C)		ecify)				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 6 2 Accident	Pending Investigation	26a. DATE O (Month,	F INJURY Day, Year)	26b. TIM	IE OF JURY M	W	JURY AT ORK? YES 2 NO	28d. DEŞCRIE	BE HOW IN	IJURY OCCU	RED		
	a District	Could not be detarmined	28e. PLACE building	OF INJURY — At h j, etc. (Specify)	nome, farm,	street, fac	tory, offi	•	26f. LOCATIO City or To	N (Street a wn, State)	nd Number or	Rural Rout	Number,	
COMPLETED	one)							a and place, and dud death occured at the					nd manner aa	stated.
TO BE C	296. BIGNATURE AND TITLE 30. NAME AND ADDRESS OF	10	Jean	USE OF DEATH AT	EM 27) /Time	, Print)		29c. LICENSE NU	MBER		29d. DATE 5	SIGNED (M	onth, Day You	"
	LOCUST & 31. DATE FILED (Month, Day	DUIN						mD ZI	80)				-41	
5 FEB 1 5°91 Julia Davidson-Randalle								DHMH	-16 Rev 1/8					



		a.
		permit.
BALTIMORE, MARYLAND 21203-3146	-rhours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permi
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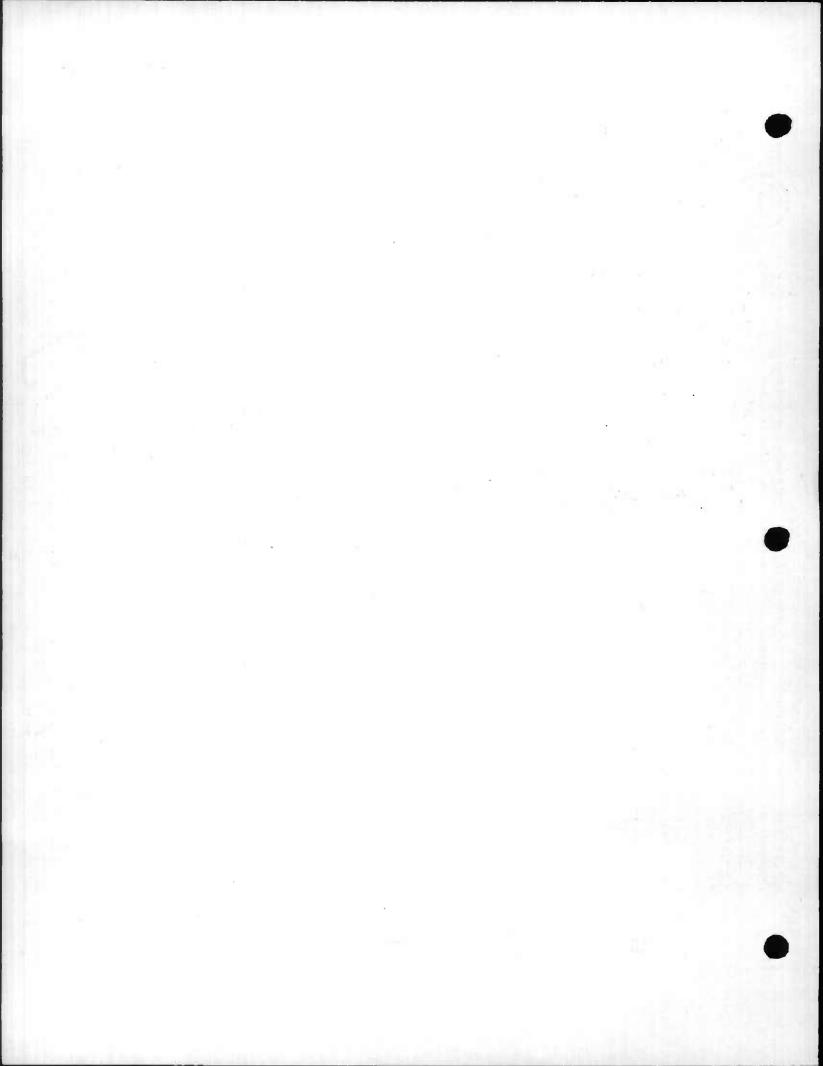
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	\$	STATE OF I	MARYLAND /				EALTH AN	D N	MENTAL	HYGIENE REG. NO.			
1. DECEGENT'S NAME (First, M	fiddle, Last)						DEATH		2. DATE O		_		3. TIME OF OEATH
Terry V. Lo	ving								Feb.	13,	199	1	7:00 A. M
4. SOCIAL SECURITY NUMBER		SEX	6. AGE (In yrs. las	st birthday)	IF UNDE	ER 1 YEAR	IF UNDER 24 H	-	7. DATE OF	Day West		8. BIRTI	HPLACE (State or Foreign
452-36-3196	1	□ M 2 🙀 F	68	YRS.	MONTHS	DAYS	HOURS M		July	29, 19	22		xo, Zaire
9e. FACILITY NAME (If not insti	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	end number)			9b. CIT	Y, TOWN C	R LOCATION O	OF DE/	ATH		9c. COU	NTY OF C	DEATH
1711 The Tern					Ha	gers	cown				Was	shing	gton
	Ob. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION				-		10d. INSIDE CITY
Maryland	Wasl	hingtor	1	На	ager	stown	1						LIMITS?
10e. STREET AND NUMBER							ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
1711 The Terr	cace					2	21740				US	SA	
11. MARITAL STATUS		WAS OCCEDEN	T EVER IN U.S. AF	RMED	13	. WAS DEC	ENDENT OF HI	SPANI	IC ORIGIN?	(Specify Yee	or No-		E — American Indian,
1 Never Merried 2 XM 3 Wildowed 4 Divorce		15 YES, GIVE V	YES 2				2 NO S			, , , , ,	100	Spec	
15, OECED	ENT'S EDUCATION			CEDENT'S	USUAL	OCCUPATION	DA	_	16h I	IND OF BUSI	NESS/INI	DURTRY	WILLEC
(Specify only h Elementary/Secondary (0-1)	nighest grade com	pleted) plege (1-4 or 5	(6	ilve kind of v Do NOT us	work done	e during mo	st of working		100.1		112007111	J00/III	
12 years		years		nomem	aker	c				1	nome		
17. FATHER'S NAME (First, Mide							18. MOTHER	S NAM	ME (First, Mic	idle, Melden S	umeme)		
Thomas Calmer	s Vinso	n					Nan W	hai	rton				
19e. INFORMANT'S NAME (Typ							nd Number or F						
Frank A. Lov	ring		1	711 T	he 1	Terra	ce Ha	ge	rstow	n, Mai	yla	nd	21740
20e. METHOD OF DISPOSITION 1 Surfal 2 Cremation	3 - Removal	from State	other n	facel			netery, crematory	y or					own, State
1 tonetion 5 Other (S			Smith	nsbur						Smit	hsbu	irg,	Maryland
Devell)	1.//	mm	ich				i N. Mi		iich				mac Street Maryland
23. PART I. Enter the diag	eases, or com	plications the	t caused the de	eath. Do r		_			n an cardie				Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in death)	1		on each line		In	m.	Con	24	/F.	سعنا	44		Interval Between Onset and Death
, , , , , , , , , , , , , , , , , , , ,	4	DUE TO	(OR AS A CONSE	QUENCE N	P) i				Y				0.
Sequentially list condition		DUE TO	OR AS A CONSE	onnice of	no of	Long	paude	-				-	MANAGE
if any, leading to immedicause. Enter UNDERLYIN		S	14 day	2	Se	1-4-	in						Vens
CAUSE (Disease or injury that initiated events	-	DUE TO	OR AS A COMSE	QUENCE OF	Pr.								1
resulting in death) LAST	d.	0	KCS	1	2	Mus	mont	e					Yeurs
DART II Other elgoifteen	conditions	antellautine te	doubt but not		In Abra i	-6		m In I	Deat L			1	
PART II. Other algnificant	conditional e	ontributing to	destribut not	resulting	in the L	undariyin	g cause give	กเกเ	Part I.	PERFORI		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
									- 1	1 YES 2	□ NO		OF DEATH?
									-				1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					20 104	ACE OF OFAT	u mh					
EXAMINER?	H	OSPITAL:	☐ ER/Outpatient :		OTHE	ER:	ACE OF OEATH						
27. MANNEB OF DEATH	10	28e. DATE OF		28b. TIM		28c. INJ	e 5 PReelde URY AT	nca		Specify) RIBE HOW IN	JURY OC	CUREO	
Natural 5 P		(Month, E	Pay, Year)		JURY	WO	PIK?	0					
2 Control	vestigation ould not be	28e. PLACE (OF INJURY — At h	ome, ferm, s	stroot, fa			-	28f. LOCAT	ION (Street or	nd Numbe	or Rural	Route Number,
	termined	building	etc. (Specify)						City or	Town, State)			
290. CERTIFIER 1 CERTIF													
	YING PHYSICIAN	: To the best of	my knowledge, d	eath occum	ed at the	1ime, date	end place, end	d due	to the ceus	e(e) end men	ner ee ste	nted.	
anal		_	my knowledge, d										(a) and manner es stated.
anal	AL EXAMINER: O	_						it the	1lme, date e	nd piece, end	due to 1	lhe ceuse	(a) and manner es stated.
one) 2 MEDIC	AL EXAMINER: O	n the basis of s	xamination and/or	Investigation	on, In my		eath occured a	it the	1ime, date e	nd piece, end	due to 1	lhe ceuse	
one) 2 MEDIC	AL EXAMINER: O	n the basis of s	xamination and/or	Investigation	on, In my		eath occured a	it the	Ilme, date e	nd piece, end	due to 1	TE SIGNE	
29b. SIGNATURE AND TITLE C 30. NAME AND ADDRESS OF I	AL EXAMINER: O	OMPLETEO CAU	xamination and/or	Investigation	Print)		eath occured a	it the	Ilme, date e	nd plece, end	due to 1	TE SIGNE	Month, Day, Year)



Se.	9	-	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zamburs after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di	be field within 12 hours ditte death with the plate Dept. Of health and mental hygene prior to buries, cremation, or between 14 he marked on 18em 23 shows any injury, or other traumatic event, the medical examiner	
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8	DIRE	be fied within 72 fronts after beath with the State Dept. Of heading and mental hygiens prior to being, them are the medical eye.	
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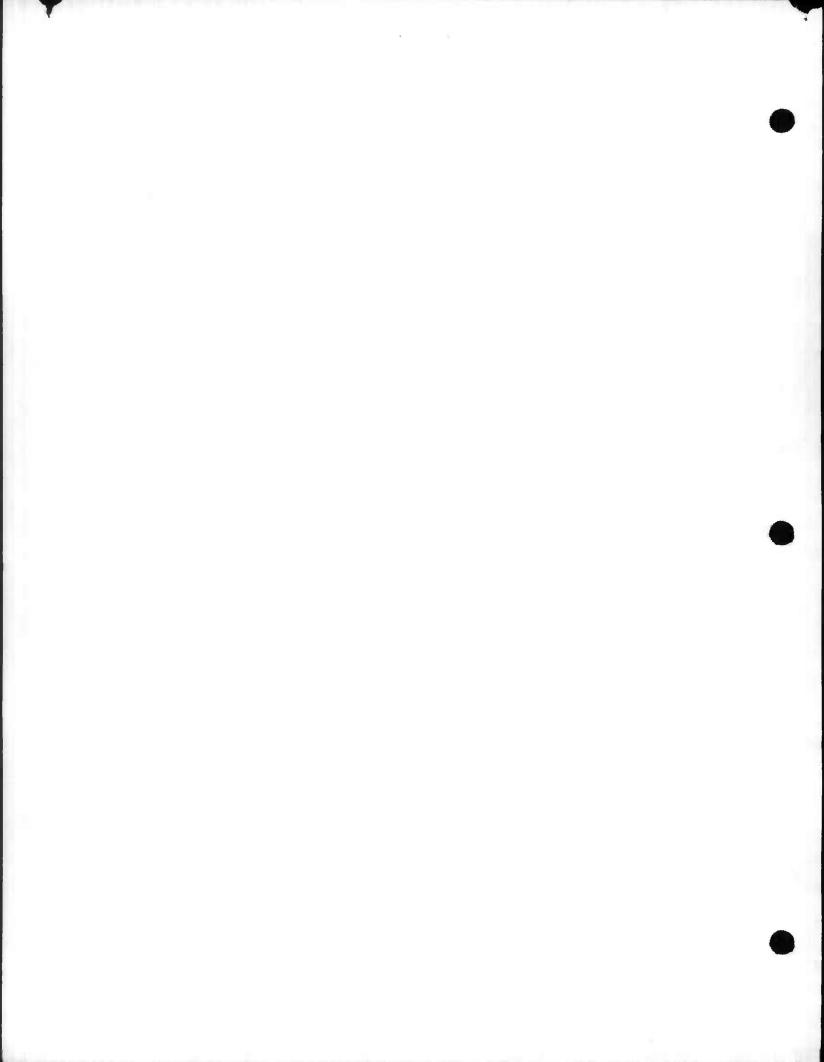
32. REGISTRAR'S SIGNATURE Graha Davidson-Randale

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11	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN		03201		
	1. DECEDENT'S NAME (First, Middle, Last)	H. LAIR	L.Sr.			2. DATE OF DEATH MONTH DAY 991 YEAR 12:44				
1	4. SOCIAL SECURITY NUMBER 114-22-9449	1 M 2 □ F 91	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURG MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/4/1899	Ma	HRTHPLACE (State or Foreign country) 3SS •		
TOR	99. FACILITY NAME (If not institution, give a	orial Nos	oital /	HAVIC	de Gra		9c. COUNTY	rtoral		
DIRECTOR	Maryland I H	Harford		TOWN OR LOCA Bel Air				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 115 Lexington F			10	21014		U.S.	of what country? .A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D WW II		If yes, s	CENDENT OF HISPAN pecify Cuban, Maxica S 2 XNO Specify			RACE — American Indian, Black, White, atc. Specify: 11te		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use U.S. At	rk done during m retired.)		Milita	reserring day.	RY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Francis Almond	0				ME (First, Middle, Meiden Rebecca V	Sumame)			
10	19a. INFORMANT'S NAME (Type/Print) Edward H. Laird 20a. METHOD OF DISPOSITION			exingto	n Road	Bel Air.		nd 21014		
	1 Donation 5 Other (Specify)	oval from State	other place) Feri				. ~			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399									
	23. PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such se cardisc or respiratory errest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death)									
CERTIFICATION	Sequantielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO JOH AS	CONSEQUENCE OF)	1				Ti.		
MEDICAL	PART ii. Other eignificent condition	os contributing to death to	out not resulting in	the underlyle	ng ceuse given in	Pert I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch					
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN	JJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED		
8	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR' building, etc. (Spe	Y — At home, farm, st	reet, factory, off	ice	281. LOCATION (Street City or Town, State		Rurel Route Number,		
COMPLET	anal anal	ICIAN: To the best of my know						ause(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R Bleau	i Yea		29c. LICENSE NU	MBER 752	≥ Z	ENED (Month, Day, Year)		

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mis certificate has been	with the State Dept. of He	rked, or item 23 shows
After this certificate has been	death with the State Dept. of He	: marked, or item 23 shows
UK: Affer this certificate has been	fter death with the State Dept. of He	8 is marked, or item 23 shows
HECTOR: After this certificate has been	urs after death with the State Dept. of He	m 28 is marked, or item 23 shows
L DINECTON: After this certificate has been	hours after death with the State Dept. of He	item 28 is marked, or item 23 shows
ERAL DIRECTOR: After this certificate has been	n 72 hours after death with the State Dept. of He	T: If item 28 is marked, or item 23 shown
FUNERAL DIRECTOR: After this certificate has been	within 72 hours after death with the State Dept. of He	TANT: If item 28 is marked, or item 23 shows
THE FUNERAL DIRECTOR: ARE THIS CERTIFICATE HAS DEEN	be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		С	ERTIF	ICAT	E OF	DEAT	Н	2 DATE	REG. NO.		T-	. TIME OF DEATH
	I. OCCCOUNT S THAT I WAS, MICOR, EASY	ary O'Co	nnell L	.edbet	ter				MONT	I D/	31	YEAR 91	11:10 A M
\	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 8. AGE (In yrs. last birthday)			IF UNDER 1 YEAR IF UNDER 24 HRS.				OF BIRTN	7	8. BIRTHPL	ACE (State or Foreign
)	579-70-4778	1 🗆 M 2 🂢 F	39	YRS.	MONTHS	DAYS	HOURS	MIN.	2-2-	51		Hary 1	and
	Sa. FACILITY NAME (If not institution, give st				9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE	ATN		9c. COU	NTY OF DEA	TN
B	6271 Old Washing	ton Road			[3	lkric	lge				Ho	ward	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		11			OR LOCAT	ION					1	0d. INSIDE CITY
DH.	Maryland Howa	rd		Elk	ridg	ge						1	Y LIMITS?
	10e. STREET AND NUMBER					101	ZIP CODE	E		-	10g. CIT	ZEN OF WH	AT COUNTRY?
FUNERAL	6271 Old Washing					2	1227	,					USA
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	T EVER IN U.S.	RMED	13.					? (Specify Yes	or No—	14, RACE - Black,	- American Indian, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced		FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				2 🐴 NO			,		Specify:	White
	15, DECEDENT'S EDUC	CATION	16e, C	DECEDENT'S	USUAL C	OCCUPATIO	ON .		16b	KIND OF BU	SINESS/INC	DUSTRY	will ce
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +		(Give kind of the Do NOT un	work done se retired.)	during mo	st of workin	ng .		141,41			
AP.	12	0		ecreta	ry				C	onstru	uctio	n Co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	NER'S NA	ME (First,	Middle, Meiden	Sumame)		
BE	Andrew L. O'Conn	ell								Albers			
5	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow			1007
_	Sandy Ledbetter 6271 OLd Washington Road Elkridge, MD 21227 20b. PLACE OF DISPOSITION (Name of commetter), crematory or 20c. LOCATION — City or Town, State												
	26a METNOD OF DISPOSITION 1/LVBuriel 2	oval from State	other	ge Ha					·v				yland
	21/ SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	deoi	ge mu		. NAME AP							
-	The Ind	1 1			7/	04 0	di	C					ome, Inc.
	23. PART I. Enter the diseases, or o	omplications the	1,00	dooth Do						Road I			
	shock, or heert fellure.	List only one cau	se on each li	ne.									Approximats Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	medas	Julie	Bassy Carre									1 years
	resulting in deeth)	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):									4-	17000
Z		13, lauce	L Pku	rule	16	USIL	us \$	res	PITH	Hor, a	inmi	mize	3 mon 4/76
5	Sequentielly list conditions, if any, leeding to immediate												
	CAUSE (Disesse or Injury	DUE TO	OR AS A CONS	EQUENCE O	n.								
2	resulting in desth) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
RTIFIC	d.												1
CERTIFICATION		d											
	PART II. Other eignificent condition	s contributing to	deeth but no	t resulting	In the u	ınderiyin	g cause (given in	Part I.	24a. WAS AN		1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
	PART II. Other eignificent condition	s contributing to	deeth but no	t resulting	In the u	inderlyln	g cause (given in	Part I.		RMED?		
	PART II. Other eignificent condition	s contributing to	deeth but no	t resulting	In the u	inderlyln	g cause (given in	Part I.	PERFO	RMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE
		s contributing to	deeth but not	t resulting	In the u					PERFO	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ	26. PI	ACE OF O	DEATH (C)	eck only o	PERFO	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 Inpatient 2 28e. DATE OF	ER/Outputlent	3 DOA 28b. Tih	OTHE 4 □ Nu	26. Pt ER: ursing Hom 28c. INJ	ACE OF O	DEATH (C)	eck only of	PERFO	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNER OF DEATH 1 Netural 6 Pending	HOSPITAL:	ER/Outputlent	3 DOA 28b. Tih	OTHE	26. Pt ER: ursing Hom 28c. (NJ	ACE OF O	EATH (C/	eck only of	PERFO	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inpatient 2 2 28e. DATE OF (Month, D	ER/Outputlent	3 DOA	OTHE 4 Nt	26. Pt ER: ursing Hom 28c. INJ WO 1 🔲	ACE OF O	EATH (C/	6 Other	PERFO	INJURY OC	CUREO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inpatient 2 2 28e. DATE OF (Month, D	ER/Outpatient INJURY ey, Year) FINJURY — At	3 DOA	OTHE 4 Nt	26. Pt ER: ursing Hom 28c. INJ WO 1 🔲	ACE OF O	EATH (C/	6 Other	PERFOI 1 YES 1 (Specify) SCRIBE NOW	INJURY OC	CUREO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 2 28e. DATE OF (Month, D	ER/Outpatient INJURY ay, Year) F INJURY — At etc. (Specify)	3 DOA 28b. Till	OTHE 4 N. NE OF JURY M street, fa	28. Pt ER: ursing Hom 28c. INJ 1	ACE OF 0	EATH (C)	5 Oth 28d. DE	PERFOI 1 YES: 1 (Specify) 9 (Specify) 9 CRIBE NOW CATION (Street or Town, State)	INJURY OC	CUREO or Rural Ro	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER 1 ESTIEVINO PAYSI	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D) 26e. PLACE O building,	ER/Outpatient INJURY ay, Year) FINJURY — At atc. (Specify) my knowledge,	3 DOA 29b. Tife IN. home, ferm,	OTHE 4 N. IE OF JURY M street, fe	26. Pt ER: ursing Hom 28c. INJ WC 1 Ctory, office	URY AT PIECE 2 and place	PEATH (C)	28d. DE	PERFOI 1 YES 1 YES 1 (Specify) SCRIBE NOW CATION (Street or Town, State	INJURY OC	ccureo or or Rural Ro	WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO

PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part	24a. WAS AN AL PERFORM
	1 TYES 2 F

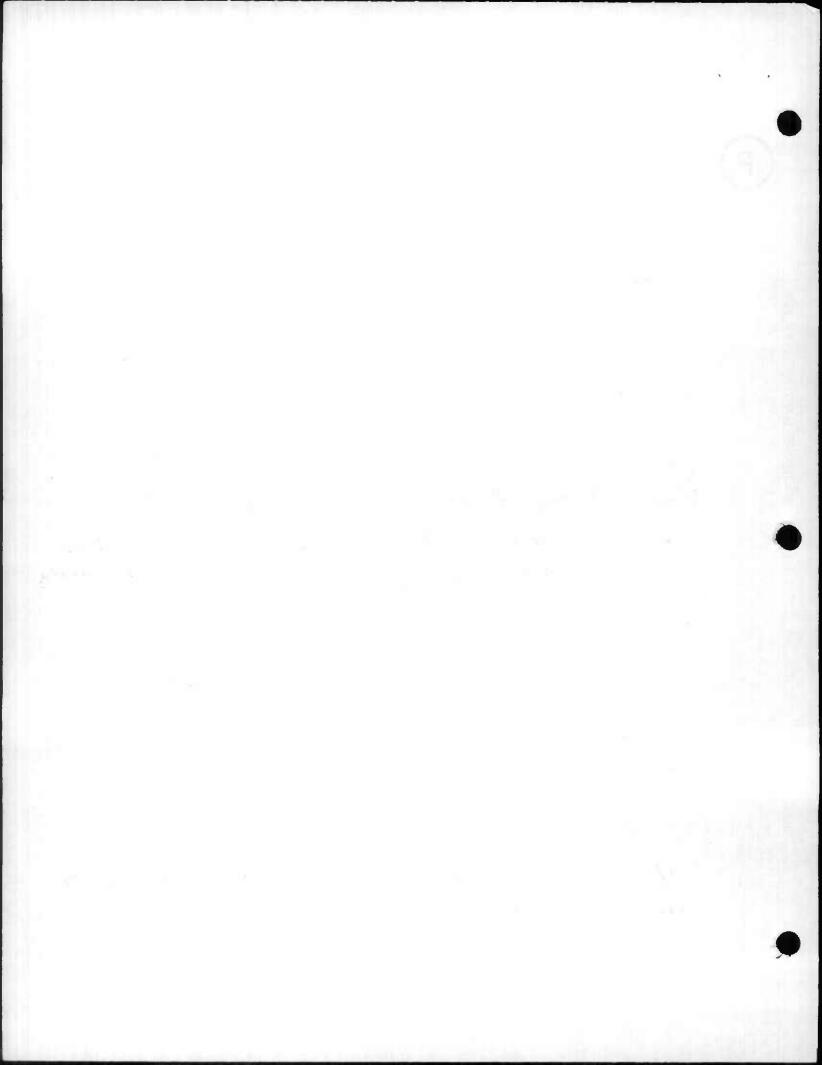
5. WAS CASE REFERRED TO MEDICAL	26. PLACE OF OEATH (Check only one)									
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient		THER: Nursing Home 5 Medidence	8 ☐ Other (Specify)						
7. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)			28d. DEŞCRIBE NOW INJURY OCCUREO						
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, stc. (Specify)	t home, ferm, stre	et, factory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

29c. LICENSE NUMBER
D 3 8 5 0 9 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIONED (Month, Day, Year)

February 1, 199 mi)

PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 424 Columbia mel 21044

31. DATE FILED (Month, Day, Year) FEB 1 3 91 32. REGISTRAR'S SIGNATURE LIE DOUBLE



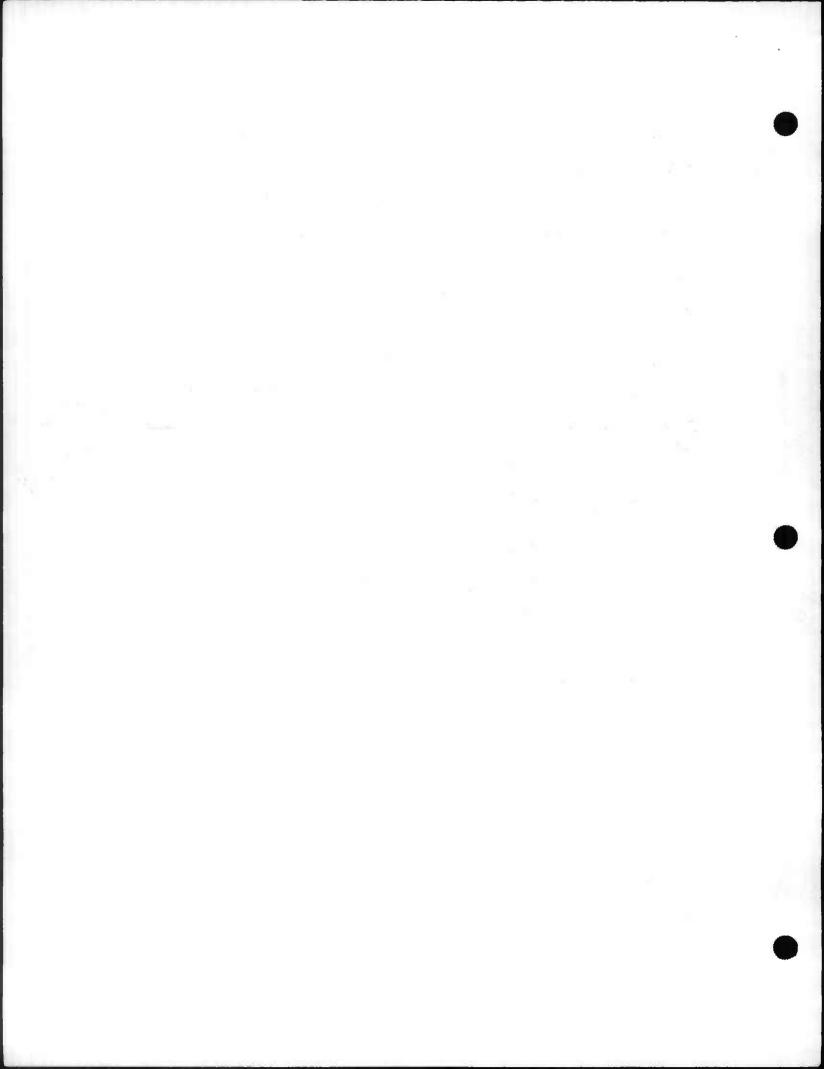
*	n/b	Sages	No.
66, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1314	executed	n and cor to burial,	ımatic e
BOX	tificate be	physicial ene prior	ther trau
P.O.	death cert	attending ental Hygid	ry, or of
RDS,	that the	ed by the th and Me	any infu
RECC	v requires	been sign t. of Heal	Shows
ITAL	N: The lav	State Dep	Item 23
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAI	this certif	rked, or
NOIS	ENDING	OR: After ter death	8 is mai
DIVIS	L OR ATT	L DIRECTI	item 2
	HOSPITA	FUNERAL within 72	TANT: H
	4	무용	R

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF OBATH
MONTAL HYGIENE REG. NO.

_	TIEGIOTTIAT				11 - 01	DEMI		TIEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	/-	1 26	2000				2. DATE OF OEATH	7 (YEAR 3. TIME OF OFATH		
	MAMIE LOUCISE LEMMAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. Insi birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign											
	426-10-5597	90	YRS. MONTHS DAYS HE			MIN.	(Month, Day, Year)	900	Country)			
	9a. FACILITY NAME (If not institution, give str	reet end number)	70	9b.	CITY, TOWN	OR LOCATION	OF DEAT		9c. COUNT	TY OF DEATH		
5	SYKESVI/le Elde	reare	Center	- 5	ukes	ville	, /	MD 21784	- CA	RROLL		
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY, 10	WN OB LOC	TION				10d. INSIDE CITY		
CINCOLO		PROLL		- 1.	Sville	2	MI)		LIMITS? 1 YES 2 NO		
	1309 SCCOND	AUE		,	10	d. ZIP CODE	34		10g. CITIZ	EN OF WHAT COUNTRY?		
;	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI					ORIGIN? (Specify Yes Puerto Ricen, atc.)	or No-	14. RACE — Americen Indian, Black, White, etc.		
	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	R OR DATES			S 2 NO	Specify:	ruanto mosti, atc.)		Specify: WHITE		
	15. DECEDENT'S EDUC (Specify only highest grade		(G/	CEDENT'S USU	done during m	ON ost of working		18b. KIND OF BUS	INESS/INDL	ISTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		DO NOT USO FOR	,			1000		·		
	17. FATHER'S NAME (First, Middle, Last)			UM /K		10 MOTHE	D'S NAM	E (First, Middle, Maiden	URAA			
		AMPER				(DR	0	n 17%	<i>‡</i> -		
1	19e. INFORMANT'S NAME (Type/Print)		198	MAILING AO	RESS (Street	and Number o	Rural Ro	ute Number, City or Tow				
?	because Spanks	Š	3	407	SA	us (ne	ek Kd,	Ter:	A New Winetson		
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE other pla	OF OISPOSITIO	N (Name of co	metery, cremet	ory or	100 Can 10	CATION — C	ity or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	-	1 5.50	22, NAME	NO ADDRESS	OF FACI	LITY	1 / Calor	444		
	23. PART I. Enter the diseases, or c	Litty	2		PRI	75 F	-ux	SERAL HE	me,	Westpurst 4/2		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS CONSEC	DUENCE OF):			ලාග	eal Septi	sem	Onest and Death A She month Years		
	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):	ndas	Kond						
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDIN ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
	25. WAS CASE REFERRED TO MEDICAL				26. 1	LACE OF DE	ATH (Chec	k only one)				
	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3		HER: Nursing Ho	me 6 🗆 Rasi	dence 6	Other (Specify)				
	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF (Month, Da		26b. TIME OF	W	JURY AT ORK? YES 2		28d, DESCRIBE HOW	NJURY OCC	URED		
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	me, farm, atree				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	29a. CERTIFIER CHOCK only One) 2 MEDICAL EXAMINE	5 - V V v t 1 - 211								nd. e ceuse(e) and manner ea stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIEF	1				29c. LICEN	ISE NUME	BER	29d. DATE	SIGNED (Month, Day, Year)		
	(Jaul E.	400T)	200	#1.75-A-17-E-1		73	3 -	185	10	3/15/9/		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type, Prin	it)					- //		
		1		A	<i>a</i> 2			/ -				
	31. DATE FILED (NATION OF YEAR) OF	Bonder	PRO CONSTRUCTION OF THE PROPERTY OF THE PROPER	A	20/50%	2//	ma	1. 217	26			



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		JE OI III	CE		ICATE O				REG. I	NO.		
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
JEAN	MAR1	E	MOSER								, LAN	09:00 A.Mw
4. SOCIAL SECURITY NUMBE		The state of the s	8. AGE (In yrs. las	t birthday)	IF UNDER t YEA		24 HRS. MIN.	(Month	OF BIRTH)	8. BIRTH Countr	IPLACE (State or Foreign
208-14-0183	1	□ M 2 X F	65	YRS.	MONTHS DAT	HOUNS	merry.	AUG	29,1	925		SYLVANIA
9a. FACILITY NAME (If not inst	litution, give atreet	and number)			9b. CITY, TOW	H OR LOCATIO	ON OF D	EATH		9c, CO	JNTY OF D	EATH
6831 COLOGO					WALD	ORF				CI	HARLE	S
	10b. COUNTY				Y, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
MARYLAND	CHARLE	ES		1	IALDORF							1 TES 2 X NO
6831 COLOGO	COURT					2060				10g. Cl		NHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify: WHT1									k, White, etc.			
15, DECEI	DENT'S EDUCATE	ION	16a. DE	CEDENT'S	USUAL OCCUP	ATION		16b.	KIND OF	BUSINESS/IN	IDUSTRY	MILIE
(Specify only i	highest grade com	ollege (1-4 or 5+)	life	ve kind of Do NOT u	work done during se retired.)	most of working	g					
12TH GRADE	,	onego (P-0 or o v)		CRET	TARY					INSUR	ANCE	
17. FATHER'S NAME (First, Mid	_							AME (First, A		den Surnama) 1 K	Tal	
19a. INFORMANT'S NAME (Typ.			190	. MAILING	ADORESS (Stre						(lo Code)	
JAMES EUGENE	MOSER		1		COLOGO							0603
20a. METHOD OF DISPOSITIO	ON 3 Hamouni	from State	20b. PLACE other pli	OF DISPO	SITION (Name of	cemetery, cren	natory or		20c.	LOCATION -	- City or To	own, State
4 Donatton 5 Other (HUNTE							LDORF		
21. SIGNATU	(KS)	done	14/									AL HOME, INC.
MICHAEL	K. BLA	NKENSHII	110000									20604-0156
23. PART I. Enter the die ahock, or he		ipiicationa that t only one caus			not enter the	mode of dy	ing, su	ch aa cerc	diec or re	espiratory a	rreat,	Approximata interval Between
IMMEDIATE CAUSE (Fins disease or condition	el.	0100711						-				Onset and Death
resulting in death)	→ a		OMA OF L			MIDE 2	PKE	AU ME	:1A51	A515		8 MONTHS
		DOL 10 (OH AS A CONSE	JOENCE C	re).							
Sequentially list condition if any, leading to immediate		DUE TO (OR AS A CONSE	DUENCE C	F):							
cause. Enter UNDERLYIN	IG											
CAUSE (Disease or Injury that initiated eventa		DUE TO	OR AS A CONSE	OUENCE C	F):							
resulting in death) LAST	d											
PART II. Other algnifican	t conditions c	official to	deeth but not i	eaultino	In the underl	ving cause	alven li	Part I.	24a, WAS	AN AUTOPS	/ 241	. WERE AUTOPSY FINDINGS
Chroni	CO	nku	et ve		Les O	-11.	eas	1.00	PER	FORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
Post	my.	wal	7		3	9(-),		_	1 U YE	S 2 NO		OF DEATH?
	-41	m my						_				1 TES 2 NO
25. WAS CASE REFERRED TO	MEDICAL				26	. PLACE OF D	EATH (C	heck only or	16)			
EXAMINER? 1 TES 2 NO		OSPITAL:	ER/Outpatient 3	DOA	OTHER:	tome 8 X R	sidence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, Da	INJURY	28b. TII	ME OF 28c.	INJURY AT WORK?				OW INJURY O	CCUREO	
	ending rvestigation	(Monn, De	ny, rour)	"		YES 2	NO					
3 Suicide 8 C	Could not be	28s. PLACE Of	F INJURY — At ho	me, farm,	atreet, factory, o	office		281, LOC	ATION (Str	reet and Numb	er or Rural	Route Number,
4 Homicide d	etermined		,									
29a. CERTIFIER (Check only	FYING PHYSICIA	N: To the best of	my knowledge, de	ath occur	red at the time,	date and place	, and du	e to the car	use(s) and	menner se s	tated.	
one) 2 MEDIC	CAL EXAMINER: 0	On the basia of ax	camination and/or	trivestigati	ion, in my opinio	n, death occu	red at th	e time, dete	end place	e, end due to	the cause	a) and manner as stated.
496. SIGNATURE AND TITLE	OF CERTIFIER	17				29c. LIC	ENSE N	JMBER		29d. D/	ATE BIGNE	D (Month, Day, Year)
MIC	Su	ele.	les.			D199	47	. 3		▶FI	EB. 1	4, 1991
30 NAME AND ADDRESS OF						D C113	TE	100 :	IALDO	DE	D 64	000
31. DATE FILED (Month, Day, Y		ES, MD,				υ , 501	IL	100,	VALDO	JKF, M	υ 20	0602
131. DATE PILED (MONTH, Day,		Siliano	H'S SIGNATURE	nde	4							

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

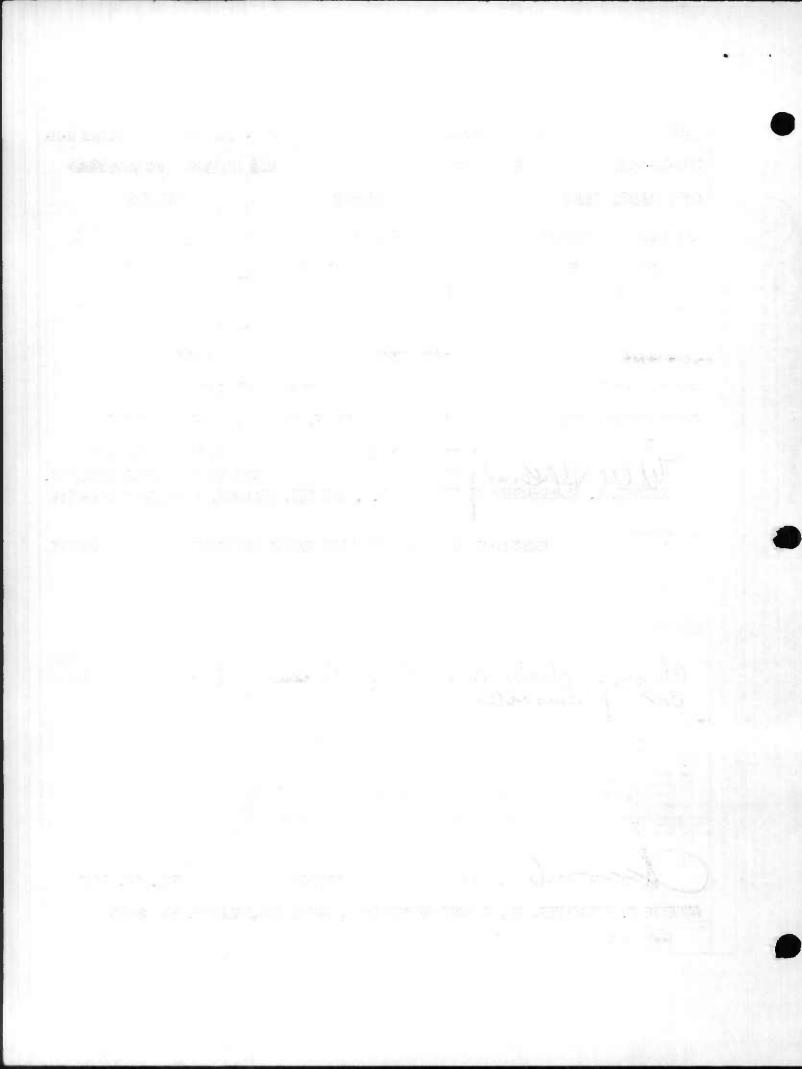
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

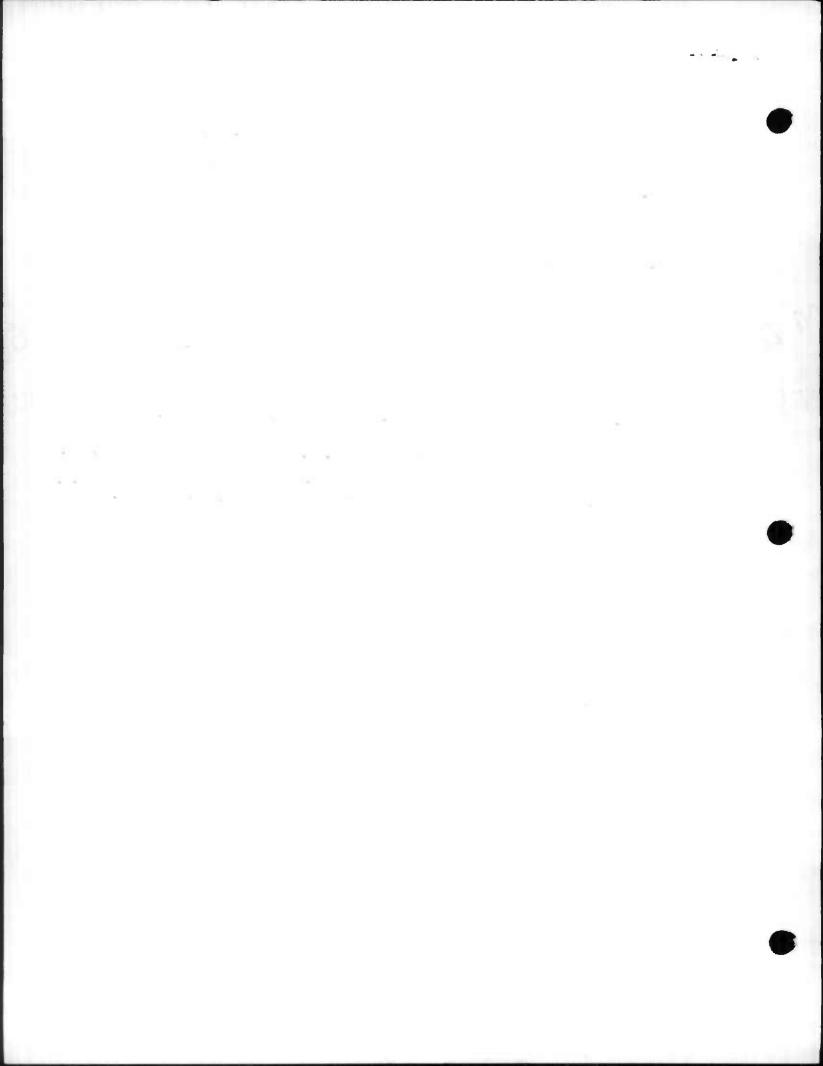
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-t8 Rev t/89



0	Joseph	tal-transit permit. Pages 1, 2, 3 should)
BALTIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retained by the hospital or attending ph	d in by the funeral director, page 5 should be detached for use as the two removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit permit. Press 1, 2, 3 should be detached for use as the burnal-transit permit in State Deat of Health and Mental Motiene prior to burnal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	HEGISTHAH				CERTIF	ICALE	OF	DEAL	П	HEG. NO.			
	1. DECEOENT'S NAME (First, Mid ELVA OLE	clle, Last) LTA	MULLIGA	M						2. DATE OF DEATH MONTH Feb. 18,		YEAR	3. TIME OF DEATH 12:24 AM M
	4. SOCIAL SECURITY NUMBER	5.	SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		A. BIRTH	PLACE (State or Foreign
		1.0	□ M 2 SXF	84	YRS.		DAYS	HOURS	MIN.	May 29,19	06	Countr	land
- 1	213-20-2752			04	THO.					-	-		
. 1	9a. FACILITY NAME (If not institut		_			9b. CITY,			ON OF DE	АТН		NTY OF D	
٣	1215 N. Stepn	ey Roa	ıd			Aberdeen			Harford				
DIRECTOR	RESIDENCE OF DECED			-									
ñ	10a. STATE 10i	. COUNTY				Y, TOWN OF		ION					10d, INSIDE CITY LIMITS?
\$ 1	Maryland	Harf	ord		Ab	erdee	n						1 YES 2X NO
- 1	10e. STREET AND NUMBER						100	ZIP COO	=		10e CIT	IZEN OF V	VHAT COUNTRY?
\$	1215 N. Stepne	v Road	Ī.				1 .0.		001		log. o.		
<u> </u>		<i>y</i> 10000									<u> </u>	USA	
FUNERAL	11. MARITAL STATUS		P. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARMED					IIC ORIGIN? (Specify Yas n, Puarto Rican, alc.)	or No-	14. RACE Black	— American Indian, c, White, etc.
-	1 Never Merried 2 Mer		IF YES, GIVE W					2 X NO					
n	3 🔀 Widowed 4 🗌 Divorced											Whi	te
3		NT'S EDUCAT			16a. DECEDENT'S	USUAL OC	CUPATIO	N		18b. KIND OF BUS	SINESS/IN	DUSTRY	
	(Specify only hig Elementary/Secondary (0-12)	1	College (1-4 or 5 -	,	(Give kind of life, Do NOT u		unng mo	SI OF WORKE	19				
2	A		Soliege (1-4 of 5 -	"	Housewi	.fe							
COMPLET	17. FATHER'S NAME (First, Middle	days.								ME (First, Middle, Malden			
ರ	The second secon	son	Baker								Lower	S	
מ		75351											
0	19a. INFORMANT'S NAME (Type/				19b. MAILING	ADDRESS	(Street a	nd Number	or Rural	Route Number, City or Tow Aberdeen	n, Stele Z	o code	01
ř [Pauline H. Ma	loyed			1215	N. St	epr	ley F	ioau,	Aberdeen	PLL	210	01
	20a. METHOD OF DISPOSITION				PLACE OF DISPO	SITION (Nan	ne of cer	netery, crem	natory or	20c. LO	CATION -	City or To	rwn, State
	1 Burial 2 ☐ Cremation		I from State	7.73	other place)	Tatto:	cc T	T M	Con				lle, Md.
	4 Donation 5 Other (Sp. 21. SIGNATURE OF FUNERAL SE		ecc	_] WJ	LILIAIII V			O ADDRE		- 1	****	300 12	
	A A	HVIGE LICEN	SEE A		,						hiner	al H	ome. P.A.
	ANDOTOND.	19 1	110/1/13	mi	Howard K. McComas III Fu 1317 Cokesbury Road, Abi								
	23. PART I. Enter the diese	Page or con	polications the	t couned	the death Do								Approximata
	shock, or hear					not antar i	una mo	da or dy	my, auc	ii aa caldiac oi leap	notory a	roat,	interval Between
	IMMEDIATE CAUSE (Final		1)	1			1						Oneat end Daeth
- 1	disease or condition resulting in death)	ia.	(000	1146	$\nu = 0$	7805	1	•					
- 1) / DUE TO	(OR AS A	CONSEQUENCE	OF):		- 1	La N		1		1 .
_			MYDO	Vivis	1169	ant	1	10	uti	U (Back	121/0	15/11/	an disan
CERTIFICATION	Sequentially list conditions if any, leading to immediat		DUE TO	OR AS A	CONSEQUENCE		44-0				Lings V		
4	ceuse. Entar UNDERLYING		1										ŀ
	CAUSE (Disease or injury that initiated events	6	DUE TO	(OR AS A	CONSEQUENCE (OF):							1
	resulting in death) LAST												
		d											-
	PART ii. Other algolficant	conditions o	contributing to	dagth bu	t not reaulting	In the unc	darlyin	g cause	given in			246	. WERE AUTOPSY FINDINGS
8	MAC	2-1	1000	10	De	-/	L		_	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	000	VACA)	AVUS a	4 an	ULL	1034	/			1 _ YES :	2 (I)-MO		OF DEATH?
¥)en/2	00	uncert	Ta									1 YES 2 NO
			4.000										
PHYSICIAN:	25. WAS CASE REFERRED TO M						26. PI	LACE OF E	EATH (C	eck only one)			
2	EXAMINER?		OSPITAL:	EPM	tient 2 Pro-	OTHER		a a bi d	and a	e 🗆 Other (0x - 14)			
Ľ۱	27. MANNER OF DEATH		26a. DATE OF		28b. TI			JURY AT	-siuence	8 Other (Specify) 28d. OESCRIBE HOW	IN HIDY A	CCHBED	
5	1 Natural 5 Pen	dina	(Month, L	Day, Year)	200.11	JURY	WC	PRK?	7	Lou. OEGONIBE NOW	vuni U	JOUNED	
BY		stigation			<u> </u>	M		YES 2	NO				
ED 1		ild not be	26a. PLACE (of INJURY	— Al home, farm,	atreet, facto	ory, offic			281. LOCATION (Street City or Town, State		er or Rural	Route Number,
<u> </u>	4 Homicide deta	rmined									,		
	29a. CERTIFIER	INC BHYCICIA	N. To the best o	d and benefit	day darib assu			and also		to the seconds and ma		ed a d	
MPL	CONSULT ONLY		_							to the cause(a) and ma			
0	2 MEDICAL	L EXAMINER:	On the basis of a	xamination	and/or investigat	ion, in my o	pinion, d	death occu	red at the	time, data and place, a	nd dua lo	The cause(a) and manner as stated.
C	296. SHENATUREIAND TITLE OF	CERTIFIER	-					29c. LIC	ENSE NU	MBER	29d. D/	TE SIGNE	(Mogth, Day, Year)
BE	1/11/00	1	.).	745				DI	17	2 2	1	2/18	2/9/
2	30. NAME AND AGORESS OF PA	INSON WHO	COMPLETED CA	SE OF DEA	TH (ITEM 27) (Typ	o Printi -		V/	2/6	7 1		110	11/
	PMIE 1.	7		OF DEA	2 P (19)				n	4	1	16	
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	JELIVE! 12	21	1-114	3	010	1 11	9/1	16	011/5	P. [G!/Y€	de	4/2	ea. Md
	31. DATE THEO (Month, Day,	0	32. REGISTR		ATURE .	· U	4/1	6 61	OUS	P. / / 01/17 €	de	C/2	21078



BALTIMORE, MARYLAND 21215-0020

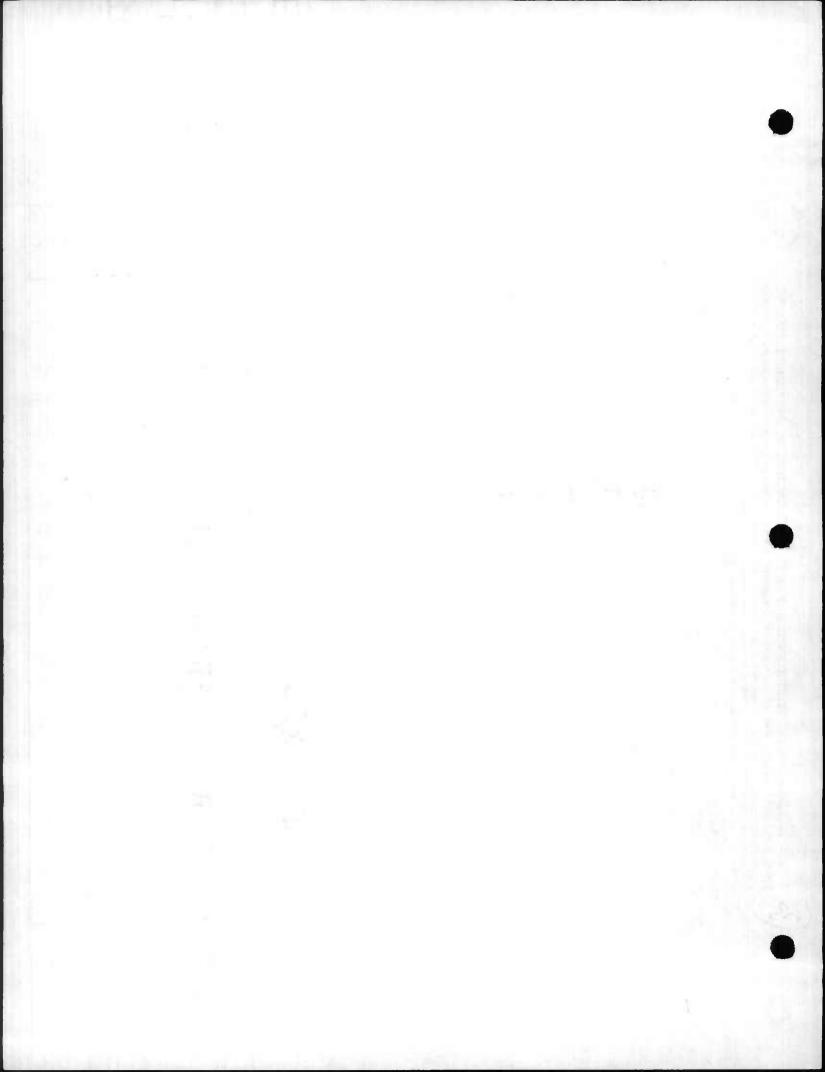
IN THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		once.
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ed within	omplete	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
execut	and c	o paul	natic
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31. DATE FILED (Month, Dey, Year)
FEB 14 '91

32. REGISTRAR'S SIGNATURE
Sulia Davidson-Randage

REGISTRAR 1. DECEDENT'S NAME (First,	Middle Lest			CERTIF				2 DATE	OF DEATH	0.		3. TIME OF DEATH	
The second second second second	EVERETT	Gilb	ert	MILLER	II	ГТ		MONTI	H	11,1	YEAR		
4. SOCIAL SECURITY NUMB		5. SEX		n vrs. lest birthdevi			IF UNDER 24 HRS.	+	OF BIRTH	11,1	*	THPLACE (State or Fore	
212-13-6236		1 📉 M 2 🗆 F	16	YRS.	MONTHS	DAYS	HOURS MIN.	03	05	74	Chev	verly Mar	
9a. FACILITY NAME (If not ins THE JOHNS RESIDENCE OF DEC	HOPKI		ITAL			TIMO	RE	EATH		1000	UNTY OF		
Maryland	10b. COUNTY				TY, TOWN O		ON					10d. INSIDE CITY LIMITS?	
100. STREET AND NUMBER	Anne	Arundel			othia					I see an		1 TES 2	0
Box 169 Ly	ons C	ceek Est	ates			101.	ZIP CODE 2071	1		10g. Cl		S.A.	
11. MARITAL STATUS 1 Never Merried 2 3	Married	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN	2 NO	l II	If yes, spec	NDENT OF HISPA city Cuben, Mexic 2 NO Spec	NIC ORIGIN		fee or No-	14. RA Bla Spi	CE — American Indiar ack, White, atc. ecity: Casian	
	EDENT'S EDU			16a. DECEDENT	S USUAL OC	CCUPATION	ν	16b	, KIND OF E	USINESS/IN		Jabian	_
(Specify only Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5	-	(Give kind of	work done duse retired.)	during most	t of working						
11+h	12)	N/A	+)	Studen	t				N/	Δ			
17. FATHER'S NAME (First, MI	liddle, Last)	21/21		Deudel.		Т	18. MOTHER'S N	AME (First. I					
Everett		+ Mill	or T	īr -						enkir			
19a. INFORMANT'S NAME (7)		C PILLI	UL U		G ADDRESS	S (Street an	d Number or Rural				_		
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Gradys Mae				Carr	0 00	10 7	T.						
20. METHOD OF DISPOSITI	ION		206		e as			DAT	E 20c	OCATION -	- City or	Town State	
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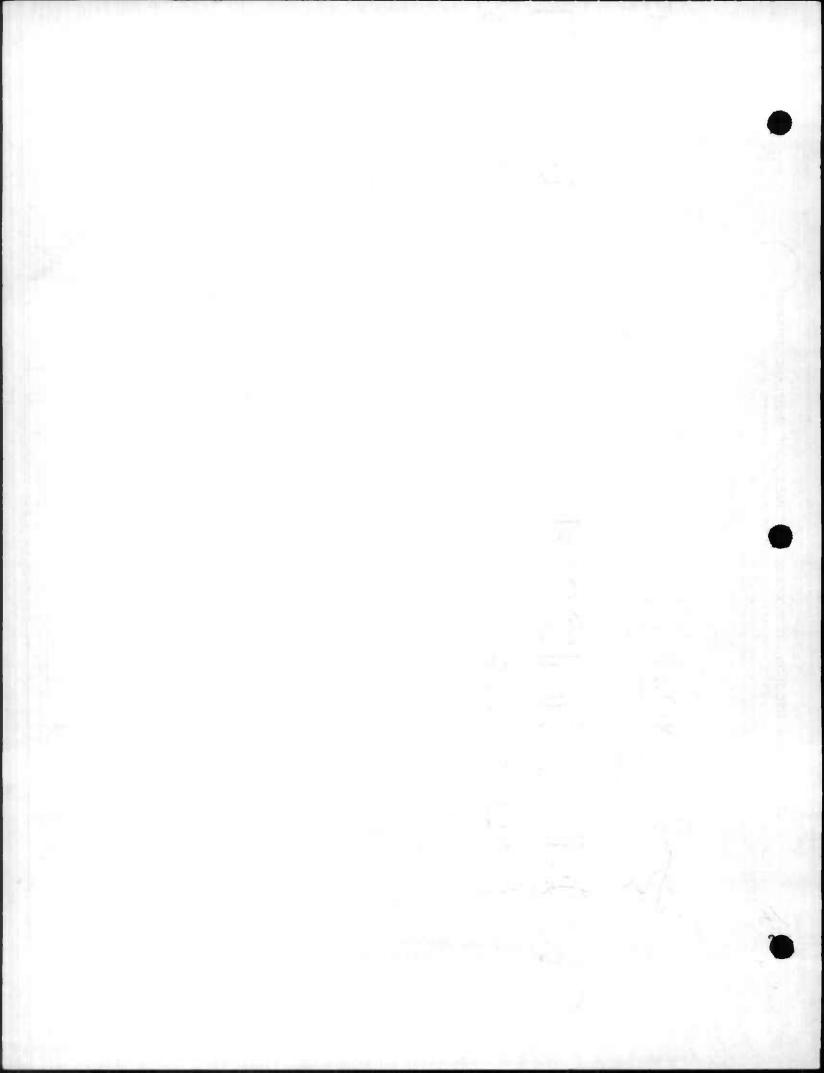


II. Pages 1, 2, 3 should

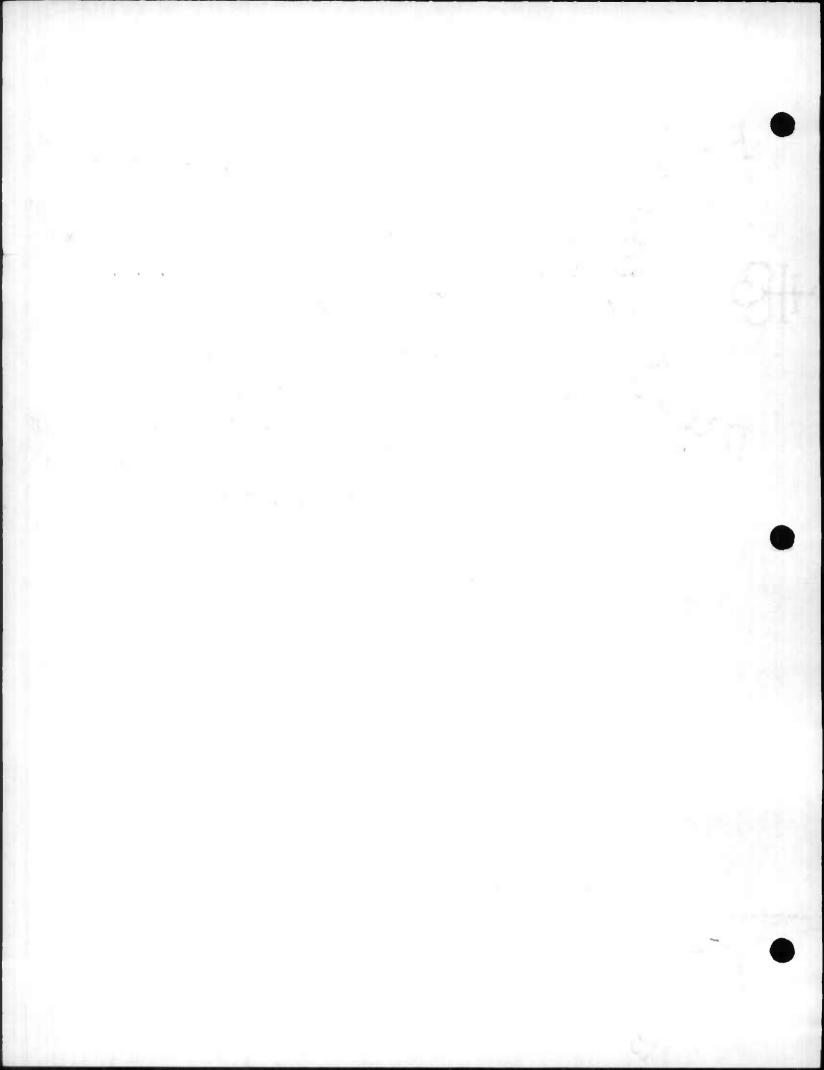
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THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely miled in by the interal of	bit filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
#	fled	POR
5	3	1

1 - STATE REGISTRAR						EALTH AND DEATH	MENIA	REG. NO		U	5273
1. DECEDENT'S NAME (First, Middle, Les	it)							OF DEATH			3. TIME OF DEATH
MARGARET		E.		M	ATTA		MONTE 2		9	91	10:30 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH		B. BIRTI	PLACE (State or Foreign
577 52 8764	1 M 2 X F	51	YRS.	MONTHS	DAYS	HOURS MIN.	Jan	Day, Year)	1939	Wast	nington D.C
9e. FACILITY NAME (If not institution, giv	e street and number)			9b. CITY	TOWN C	R LOCATION OF D			9c, COUN		
University RESIDENCE OF DECEDENT 10a. STATE 10b. COU						imore C					
10a. STATE 10b. COU			10c. CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY
	e Arundel		Gam	bri1		. ZIP CODE			T 40 - 077		LIMITS? 1 ☐ YES 2 ☑ NO WHAT COUNTRY?
	11 5 .				100						
2432 Davidsonvi				,		21054					States
11. MARITAL STATUS		T EVER IN U.S. AF		13.	WAS DEC	ENDENT OF HISPA	NIC ORIGIN	I? (Specify Ye	s or No—	14. RAC Blac	E — Americen Indien, k, White, atc.
1 Never Merried 2 Merried 3 Wildowed 4 Divorced		MAR OR DATES	No			2 X NO Spec	Hy:	lo		Spec	White
											MILLE
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		(6	CEDENT'S	work done	during mo	at of working	168	KIND OF BU	JSINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	1/10	Do NOT u	e retired.)	Pro	ogram	- i	II C	0		
	1	Dev	elopm	ent	Mana	ager		0.5.	Gove	rnme	ent
17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S N	AME (First,	Middle, Meider	n Sumame)		
George Ernest M	1cFeeley					Felici	a The	resa	Bor	rows	
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street o	and Number or Rural					
Leonard D. Matta	4										-11 0107/
20s. METHOD OF DISPOSITION											land 21054
1 to Burlal 2 □ Cremation 3 □ R	emoval from State	of cemetary	cremeton	or other r	(ace)				OCATION		
4 Donation 5 Other (Specify)		_ Lakem	ont]					<u>4/91 </u>	David	ison	ville Md.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE					ND ADDRESS OF F		4 **			
Robert	. CLITCUS	20 /	Pan			1-Evans					
23. PART I. Enter the diseases, of	. 000.		1/14								land 20715
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	iple Indicat	OUENCE O	F): F):	th C	omplicat	tions				
PART II. Other significant condit	ions contributing to	death but not	reaulting	In the u	ndariyin	g cause given in	n Part I.		N AUTOPSY	24	b. WERE AUTOPSY FINDINGS
PART II. Other significant condit								1 TYES	2VMio		COMPLETION OF CAUSE
								1 123	AMO		OF DEATH?
								INSP	ECTIO	N	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				OTHE		LACE OF DEATH (C	heck only o	ne)			
	1 (Yleantlant 2	☐ ER/Outpatient	DOA			ne 5 🗆 Residence	8 Oth	er (Specify)			
YYES 2 □ NO	i Qinpatient 2									CURED ,	
YYES 2 NO 27. MANNER OF DEATH	28e. DATE O	F INJURY	28b. TIR	IE OF	28c. IN.		28d. DE	SCRIBE HOW	CINJURY OC	1/m~	01 10 00000
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE O	F INJURY Day, Year)	IN	OP M	W	PURY AT ORK? YES 2 NO	Driv	ver of mpact	auto	o/mol	olle crane
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE O (Month,) 2-2	FINJURY Day, Year) -91 OF INJURY — At h	3:4	OP M	1 🗆	YES 2 NO	Driv	mpact	auto	or Dural	oile crane
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE O (Month.) 2-2 28e. PLACE building	FINJURY Day, Year) -91	3:4	OP M	1 []	ORK? YES 2 NO	Driv 1 28f. Loc City	MPACT ATION (Street or Town, State	auto	or Aural 95 a	Route Number, nd
27. MANNER OF DEATH 1	28e. DATE O (Month.) 2 - 2 28e. PLACE building	FINJURY Day, Year) -91 OF INJURY — At h., atc. (Specify)	3:4 ome, ferm, high	JURY OP M street, fac Way	tory, officer	PRK? YES 2 X NO	Driv 1 28f. Loo City Rei	Mpact ATION (Street or Town, State Sters	auto	or Rural 95 a Road	nd Baltimore
27. MANNER OF DEATH 1 Natural 5 Pending Investigative Studied 8 Could not determined determined.	28e. DATE O (Month.) 2-2 28e. PLACE be di 1 28e. PLACE building	FINJURY Day, Year) 91 OF INJURY — At h , atc. (Specify) If my knowledge, d	3:4 ome, ferm, high	op M street, fac Way	tory, officer	PES 2 NO	Driv 1 28f. Loc City Rei	Ver of mpact Street or Town, State Sters	enner as sta	or Rural 95 a Road 1ed.	Route Number, nd
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XXXAccident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	be a systician: To the best of	FINJURY Day, Year) 91 OF INJURY — At h , atc. (Specify) If my knowledge, d	3:4 ome, ferm, high	op M street, fac Way	tory, officer	PRK? 2 NO e ond place, and do death occured at the second secon	Driv 1 28f. Loo City Re1 se to the case time, dat	Ver of mpact Street or Town, State Sters	t end Number t end Number t — 6 t OWN] enner as sta	r or Rural 95 a ROAC ted. he cause	Route Number, nd Baltimore MD (a) and menner ee stated.
27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	28e. DATE O (Month., 2-2 be be left 1YSICIAN: To the best of INFIER	FINJURY Day, Year) — 91 OF INJURY — At h , atc. (Specify) of my knowledge, d examination end/or	3:4 ome, ferm, high eath occur investigati	street, face Way	tory, officer	PRK? 2 NO e ond place, and do death occured at the second secon	Driv 1 28f. Loc Chy Rei	Ver of mpact Street or Town, State Sters	t end Number t end Number t — 6 t OWN] enner as sta	r or Rural 95 a ROAC ted. he cause	Route Number, nd Baltimore MD (a) and menner ee stated.
XXXAccident 3 Suicide 8 Could not determined 4 Homicide 1 CERTIFYING PHONE Check only one) 2 MEDICAL EXAM 29b. IN ATURE AND TITLE OF CERTIFIED 30. NIME AND ADDRESS OF PERSON	28e. DATE O (Month.) 2 - 2 28e. PLACE be bulkling IYSICIAN: To the best of INTER: On the best of	FINJURY Day, Year) 91 OF INJURY — At h., atc. (Specify) If my knowledge, dexamination end/or	3:4 ome, ferm, high eath occur investigati	JURY OP M street, fac Way red at the on, in my	tory, office ramp	PRK? 2 NO e ond place, and do death occured at the second secon	Driving 28f. Loo City Rei	Jer of mpact ATION (Stree or Town, Stell Sters use(e) and management and place, to	t end Number i I-6 town town anner as sta and due to ti	r or Fural 95 a ROAC ned. he cause re signe 2-1	Route Number, and Baltimore MD (a) and menner ee stated. D (Month, Day, Year) (0-91
XXXAccident 3 Suicide 8 Could not determined 4 Homicide 1 CERTIFYING PHONE 29b. ATURE AND TITLE OF CERTIF	28e. DATE O (Month.) 2 - 2 28e. PLACE be bulkling IYSICIAN: To the best of INTER: On the best of	FINJURY Day, Year) 91 OF INJURY — At h., atc. (Specify) If my knowledge, dexamination end/or	3:4 ome, ferm, high eath occur investigati	JURY OP M street, fac Way red at the on, in my	tory, office ramp	PRE? 2 NO 10 end place, and dotesth occured at the 29c. LICENSE NO COMMENTS.	Driving 28f. Loo City Rei	Jer of mpact ATION (Stree or Town, Stell Sters use(e) and management and place, to	t end Number i I-6 town town anner as sta and due to ti	r or Fural 95 a ROAC ned. he cause re signe 2-1	Route Number, nd Baltimore MD (a) and menner ee stated. D (Month, Day, Year)

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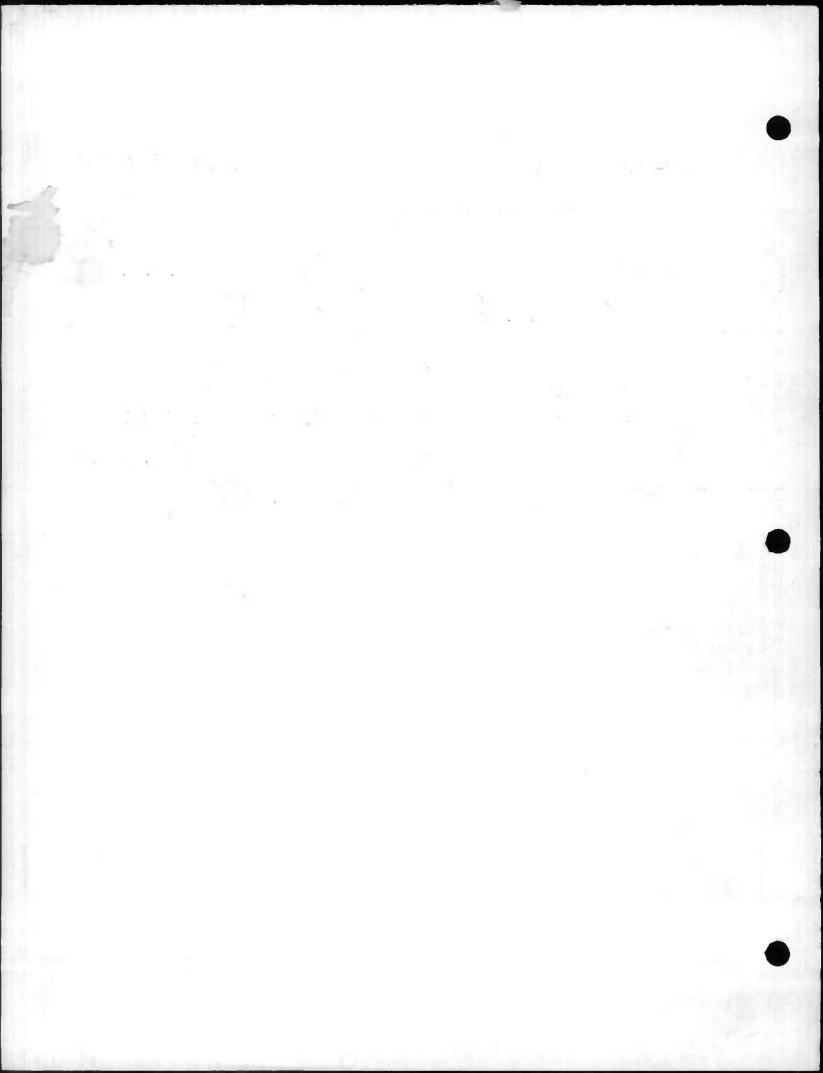


		1 - FOR STATE OF MAR		TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	•	
		1. DECEDENT'S NAME (First, Middle, Last) Juliette Thornton		mc Gee	2. DATE OF DEATH MONTH DAY		D. TIME OF DEATH
2		227-03-0026 10 M2 SE &	GE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH May 6, 190	6 Ving	inia
2, 3 should	OR	9a. FACILITY NAME (If not institution, give street and nufriber) PENINSULA GENERAL HOSPITAL		96. CITY, TOWN OR LOCATION OF D SALISBURY	EATH	9c. COUNTY OF DEA	
Pages 1,	DIRECTOR	100. STATE 100. COUNTY Virginia Accomack		, town or Location			IOd. INSIDE CITY LIMITS? I YES 2 K NO
sit permit.	FUNERAL	100. STREET AND NUMBER 221 North Main Street		101. ZIP CODE 23336		10g. CITIZEN OF WH	IAT COUNTRY?
3146 myniciari, 3 me proal-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1 VIFYES, GIVE WAR O	ER IN U.S. ARMED VES 2 NO OR DATES	13. WAS DECENDENT OF HISPA It yee, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	or No- 14. RACE - Black, Which	American Indien, White, etc.
21203-3146	LETER	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v. jife. Do NOT us	USUAL OCCUPATION vork done during most of working a retired.)	16b. KIND OF BUS		
MARYLAND 2 e retained by the houpital 5 should be detached in netified at once.		17. FATHER'S NAME (First, Middle, Last) James Thornton			AME (First, Middle, Maiden S Z Russell	Sumame)	
	10	190. INFORMANT'S NAME (Type/Print) Harvey McGee 202. METHOD OF DISPOSITION	221 No	ADDRESS (Street and Number or Rural orth Main Street SITION (Name of cametery, cramatory or	t, Chincote		giria 23336
ALTIMORE, Jeath. Page 6 may funeral director, pa		1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE	Mechanics	emetery 22. NAME AND ADDRESS OF F	Chin	coteague.	1.4
		· Constance Sulye	Conta	Salyer Funero Chincoteaque	rl Home Virginia		
9. O. BOX 13146, death certificate be executed within Δ- ·ours after attending physician and completely filled in by the entending physician and completely filled in by the enten Hypiene prior to burial, cremation, or removal ent. or other traumatic event, the medical	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		rut Pailu	ch as cardiac or raspli	retory arrest,	Approximate interval Batwan Onast and Death Zucous
S a F F F	CAL	PART II. Other algorificant conditions contributing to dea	th but not resulting	in the underlying cause given i	Part I. 24s. WAS AN PERFOR	RMEO?	WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
DIVISION OF VITAL RECORE TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL ORECTOR: After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health an INDORFRANT: If I ham 28 is marked or liten 23 shows any	MPLETED BY PHYSICIAN:	27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination of examination of the basic of examination of examination of examination of examination of examination of examination of examination of ex	JURY — At home, farm, (Specify) knowledge, death occurrination end/or investigation	WORK? 1 YES 2 NO atreet, factory, office and at the time, date end piece, end do on, in my opinion, death occured at ti 29c. LICENSE N	28d. OESCRIBE HOW is 28d. OESCRIBE HOW is 28f. LOCATION (Street of City or Town, State) ue to the ceuse(e) end manual time, date and place, er	NJURY OCCUREO and Number or Rural Re) end manner ee stated.
	5	A DATE FILED (Month, Day bar) 32 REGISTRAR'S	(50	Power S	+ Sa	lisbur	4 Md.



	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
(1)	1	2. DATE OF DEATH DAY

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN	T OF HEALTH AND	MENTAL HYGIEN	E	
	1. OECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last			7 DATE OF BIRTH		0019 M
	227-01-1059	1 10 M 2 □ F 73	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	Jane Der Your)	718	RTHPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give at	reet and number)	9b. CIT	Y, TOWN OR LOCATION OF D	EATH	9c. COUNTY D	F DEATH
TOR	PENINSULA GENERA	L HOSPITAL		SALISBURY		WIC	OMICO
DIRECTOR	Virginia 106. GOUNTY	mack	Chunco.				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL (100 STREET AND NUMBER Street	2		10f. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
NEF	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARI	MEO 142	23336	NIC OBICING (Consider Voc	Ua Ja	/ Le
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 N		If yes, specify Cuban, Mexico	an, Puarto Rican, atc.)		Hack, White, etc.
TED	15. OECEDENT'S EDUC (Specify only highest grade	completed) (Gi	CEDENT'S USUAL (ve kind of work done Do NOT use retired.	during most of working	16b. KIND OF BUS	SINESS/INDUSTR	Υ
PLE	Elamentary/Secondary (0-12)	College (1-4 or 5+)	Postal	0	Gover	ment.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Leslie Merrix		· rosan		AME (First, Middle, Meiden		40
TO BE	190, INFORMANT'S NAME (Typo/Print) Elizabeth Merritt	196	MAILING ADDRES	Street, (N	Route Number, City or Tow nco teague,	n. Sibio. Zip Code	ia 23336
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem. 4 Donation 5 Other (Specify)		100)	lame of cemetery, crematory or Leny.		CATION - City of	Virginia
	21. SIGNATURE OF FUNERAL SERVICE LIC			a			- 4
	Gonatance	Salyer Con	Den C	Salyer Funer hincoteague,	Virginia.	23336	
	23. PART I. Enter the diseases, or contact the enock, or heart fellure.	complications that caused the de List only one cause on each line		or the mode of dying, au	ch as cerdlec or resp	iratory arrest,	Approximate Interval Between
18	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CHRPIO PUA	MONA	R Y ARR	EUP		Onset and Death
7		OUE TO (OR AS A CONSECUTION OF AS A CONSECUTIO	DUENCE OF):	UNFL YOU	ISIRKE	RETRAP	FRIDONALL
ATIO	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC DUE TO (OR AS A CONSEC	QUENCE OF):	BLE	ED.		2 0
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	PLUDO QUENCE OF):	SIS, VOLIFE	DINCF	MALA	FI
SER		d					
CAL	PART II. Other eignificant condition	e contributing to death but not r	esulting in the t	underlying ceuse given in	Part I. 24a. WAS AMPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDI							1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН				
PHYS	1 VES 2 NO	1 N Inpetient 2 ER/Outpatient 3	28b. TIME OF	ursing Home 5 - Residence	8 U Other (Specify)	INJURY OCCURE	:0
BY Pł	1 Neturat 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO			
ETED B	3 Suicide a Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fi	actory, offica	281. LOCATION (Street City or Town, State	and Number or R	ural Route Number,
COMPLE	CONDUCTORY /4	ICIAN: To the best of my knowledge, de ER: On the basis of examination and/or					use(a) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R /		29c. LICENSE N	JMBER	29d. DATE SK	GNED (Month, Day, Year)
TO B	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CALIFE OF PEATURE	M 27) (Sma flair)	1020	1/2	2	-10-9/
				HINCY ST.	SALLSA	unt ,	n 0 21 Fu
4	31. DATE FILEO (Month, Day, Year) FEB 1 4: 91	32, REGISTRAR'S SIGNATURE!	ree	***************************************			

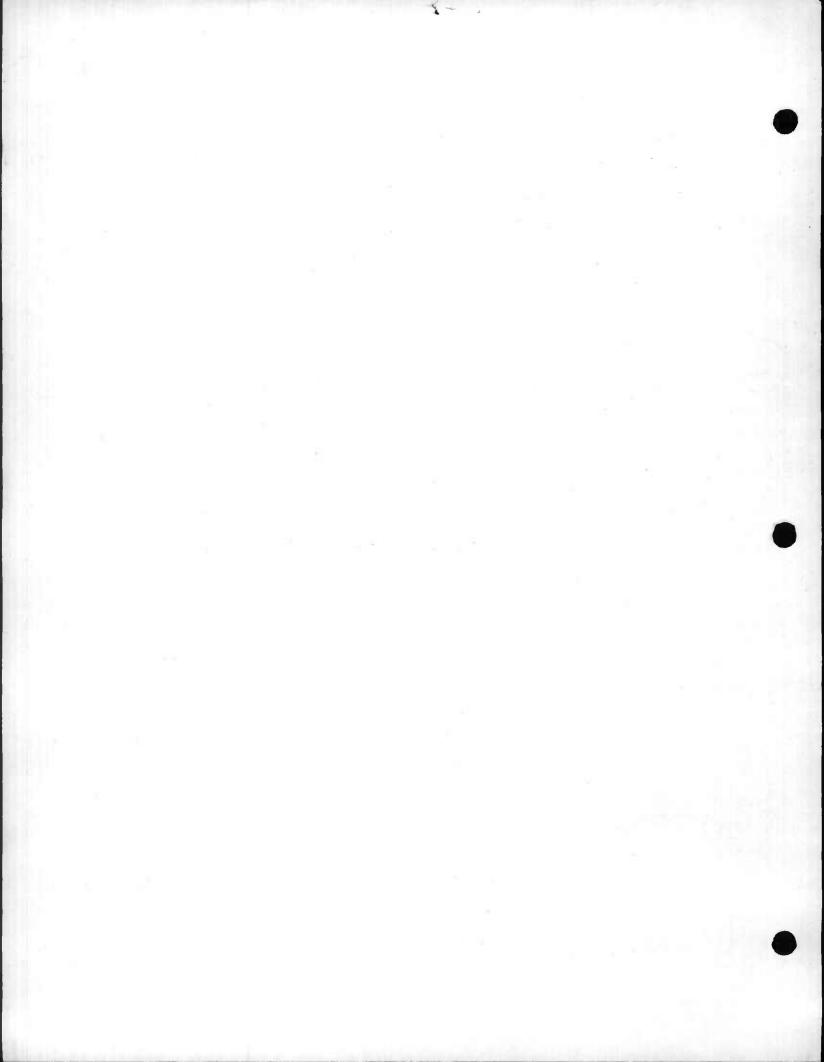


IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neithful at

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

" RE	EGISTRAR		CERTIF	ICATE O	F DEATH	REG.	NO.		
1. DECE	EDENT'S NAME (First, Middle, Last)					2. OATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
Try	ving Miller						19 1	991	6:45 AM
4. SOC	ving Miller	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRT	HPLACE (State or Foreign
11	9-07-4985	1 M 2 D F	74 yrs.	MONTHS DAY	100	12/29			Jersey
	CILITY NAME (If not institution, give s				OR LOCATION OF D	EATH		INTY OF	DEATH
P	Perry Point V.A	.M.C.		Perry	Point			ecil	
I IOa. ST	DENCE OF DECEDENT	/	10c CI	Y, TOWN OR LO	ATION				10d. INSIDE CITY
Mar		rford		gewood					LIMITS?
G 11	B2 Longwood Cou	ırt			101. ZIP CODE 21040			J.S.	WHAT COUNTRY?
5 11. MAF	RITAL STATUS	12. WAS DECEDENT E			ECENDENT OF HISPA			14. RAC	E — American Indian,
	ever Merried 2 X Married Vidowed 4 Divorced	FORCES? 1X IF YES, GIVE WAR			apecify Cuben, Mexic ES 2 NO Speci)	Special Whi	
	15. DECEDENT'S EDU	CATION	16e. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF	BUSINESS/IN		LC
Size Size	(Specify only highest grade		(Give kind of life. Do NOT u	work done during se retired.)	most of working				
21	mentary/Secondary (0-12)	College (1-4 or 5 +)	Mechan	nic		Serv	ice St	atio	'n
Eler 17. FATH	HER'S NAME (First, Middle, Last)		Treeria.	T.C.	16 MOTHER'S N	AME (First, Middle, Ma.		aci)[1]
3	Herbert Guy M	iller			Emma		uen sumene)		
190 101	FORMANT'S NAME (Type/Print)		T 404 4447 ***	ADDRESS (C)			F	- 0- 11	
2 11	Mrs. Hazel Mill	or			et and Number or Rural				0
		CT			Court				
1 (Z\Bu	ETHOD OF DISPOSITION uriel 2 Cremation 3 Rem	oval from State	20b. PLACE OF DISPO				LOCATION -		
	onetion 5 Other (Specify)		Garrison	Forest	MD Vet. (iem. O	wings	Mill	s, MD
21. SIGI	NATURE OF FUNERAL SERVICE LIC	CENSER	vanni		and Accorded of Fairring-Car perdeen, N		al Hom	e, F	2.A.
20.01	ATT I. Enter thy diseeses, pr				erdeen, r	aryland	21001	-339	Approximats
disees	DIATE CAUSE (Finel se or condition Ing in deeth)		Obstructiv		onary Dise	ease			Onset and Death
If sny, cause	entielly list conditione, the leading to immediate to Enter UNDERLYING SE (Disease or injury	с.	AS A CONSEQUENCE C						
that in	nitieted events ling in deeth) LAST	DUE TO (OF	AS A CONSEQUENCE O	NF):					
5	II. Other simplificant condition	a contribution to di	-46-6	1. 1.					
TANK TANK	II. Other significent condition	is contributing to de	ath but not resulting	In the underly	ing couse given in	PER	S AN AUTOPSY NFORMEO? S 2 X NO	24	b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
							22		1 TES 2 NO
									A.
25. WAS	S CASE REFERRED TO MEDICAL			26	PLACE OF OEATH (C	heck only one)	-		
EX/	AMINER? YES 2 NO	HOSPITAL:	R/Outpatient 3 □ DOA	OTHER:					
-	NNER OF DEATH	260. DATE OF IN.			ome 6 Residence	28d, OESCRIBE H	W IN HIEV OV	CUIDED	
1 12	Natural 6 Pending Accident Investigation	(Month, Day,	Year) IN	JURY	WORK?	286, OEŞONIBE N	JW INSONT O	CONED	
	Suicide 6 Could not be determined	28e. PLACE OF it building, etc	IJURY — At home, farm, . (Specify)	atreet, factory, o	ffice	281. LOCATION (St. City or Town, S		er or Rural	Route Number,
	ertifier 1 X CERTIFYING PHYSI 2 MEDICAL EXAMINE								(e) and menner ee stated.
296. 116	GNATURE AND TITLE OF CENTIFIE	-11	-		29c. LICENSE NO	MBER 8G S	29d. DA	TE SIGNE	(Month, Day, Year)
30. NAR	ME AND AODRESS OF PERSON WH	O COMPLETEO CAUSE	OF DEATH (ITEM 27) (Typ	e, Print)		· / · / /	/	111	
STE	PHEN KATZ, M.D.	, VAMC, Pe	erry Point	, MD 2	1902				
	E FILED (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE SON LARE						
	FEB 20'91	grina Davi	dson-Nationers						



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

		CERTIF	ICATE	OF D	DEATH	REG.	NO.		
1. OECEOENT'S NAME (First, Middle, Last)						2. DATE OF DEAT	DAY	VEAD	3. TIME OF OEATH
Bernard Fran	ıklin McCu	tcheon				Feb. 1	L, 199	YEAR	3-40 PM
		n yrs. last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Yes	r)	8. BIRTH Count	IPLACE (State or Foreign
235-60-4268	M 2 □ F 5	YRS.	MONTHS	DAYS H	IOURS MIN.	09-09	1939	Wes	ť Virginia
90. FACILITY NAME (If not institution, give street			9b. CITY, 1	TOWN OR	LOCATION OF DE	ATH	9c. CO	UNTY OF D	
4900 Harwich Way			Wal	.dorf			Cl	harle	s
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		40.00		100,000					
	3		Y, TOWN OR		N				10d. INSIDE CITY LIMITS?
Maryland Char	<u> </u>		Waldo				Lalle		1 TYES 2 NO
4900 Harwich Way				101. 2	1P CODE 20601		10g, CI	USA	
11. MARITAL STATUS	2. WAS DECEDENT EVER IN	U.S. ARMED				IC ORIGIN? (Specif		14. RAC	E — American Indien,
1 Never Merried 2 Merried	FORCES? 1 XXES	2 NO			fy Cuben, Mexical NO Specify	i, Puerto Ricen, atc)		k, White, atc.
3 Widowed 4 Divorced	Vietnam							Wh	îte
15. DECEDENT'S EDUCAT (Specify only highest grade co	rion mpleted)	16a. DECEOENT'S	USUAL OCC			16b. KIND OF	BUSINESS/II	NDUSTRY	
	College (1-4 or 5+)	life. Do NOT u	se retired.)			_			
12	-	Superv	/1sor			Iran	sporta	tion	
17. FATHER'S NAME (First, Middle, Last)				1		ME (First, Middle, Ma)	
Virgil McCutcheon					Bonr	nie Arbau	ıgh		
19e. INFORMANT'S NAME (Type/Print)						loute Number, City o			
Opal L. McCutcheon	<u> </u>	4900	Harwi	ich V	Way, Wal	.dof, Md	2060	1	
20e. METHOD OF DISPOSITION 1 □ Burtel, 2 □ Cremation 3 X Remove	20b	PLACE OF DISPO	SITION (Nam	e of cemet	tery, crematory or	20	LOCATION -	— City or To	own, State
■ Sup Jun 5 Other (Specify)	A A W	est Vir	ginia	Memo	orial Ga	rdens 3	Summer	svill	Le, WV
P. SIGNATURE OF FUNERAL MANUEL SE	Daniel S		357 22 N	untt	Funera	1 Home			604-0156
23. PART I. Enter the diseases, or co	mplications that caused	ha death. Do	-						Approximate
ahock, or heart failure. Li	at only one cause in a	ch line.							interval Between Onset and Death
iMMEDIATE CAUSE (Final disease or condition	Males	mout	R	0		1	9-		
resulting in death) a.	1 444	name					Mal		1142
	DUE TO JOH ME A	CONSEQUENCE C)F):	ra	M 1	um	0		144
_	DUE TO (OF A	CONSEQUENCE O)F):	ra	M 1	um	07		144
Sequentially list conditions,		CONSEQUENCE O		ra	M A	um	10V		144
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING				ra	NS 1	um	01/		1144
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A		PF):	ra	NN A	um	07		144
if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE O	PF):	ra	Ms A		0V		144
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE C	PF):						1144
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE C	PF):			Part I, 24e, W	S AN AUTOPS SPORMED?	Y 241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE C	PF):			Pert i. 24e. Wh	S AN AUTOPS	24I	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE C	PF):			Pert i. 24e. Wh	S AN AUTOPS	24I	AVAILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE C	PF):			Pert i. 24e. WP	S AN AUTOPS	Y 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	OUE TO (OR AS A DUE TO (OR AS A contributing to death b	CONSEQUENCE C	PF):	derlying o		Pert i. 24e. WMPE	S AN AUTOPS	Y 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR AS A	CONSEQUENCE C	In the und	derlying (cause given in	Pert i. 24e. WMPE	S AN AUTOPS SPORMED?	Y 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR AS A DUE TO (OR AS A contributing to death b	CONSEQUENCE CONSEQ	OTHER:	26. PLAI	CE OF OEATH (Ch	Part i. 24e. Will PE 1 Yi	S AN AUTOPS FORMED? SS 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	OUE TO (OR AS A DUE TO (OR AS A contributing to death b	CONSEQUENCE CONSEQ	OTHER:	26. PLAI: :ing Home 28c. INJUF	CE OF OEATH (Ch	Part i, 24e. Will PE 1 Yill yell yell yell yell yell yell yell y	S AN AUTOPS FORMED? SS 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OUE TO (OR AS A DUE TO (OR AS A CONTributing to death b HOSPITAL: Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Dey, Year)	CONSEQUENCE C CONSEQUENCE C ut not reaulting atlent 3 □ DOA 28b. Till IN	OTHER	26. PLAI : ing Home 28c. INJUS WORI 1 — YE	CE OF OEATH (Ch	Part I. 24e. Will PE 1	S AN AUTOPS RFORMED? S 2 NO OW INJURY C	DCCURED	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	OUE TO (OR AS A DUE TO (OR AS A CONTributing to death b HOSPITAL: Inpatient 2 = ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE C CONSEQUENCE C ut not reaulting atlent 3 □ DOA 28b. Till IN	OTHER	26. PLAI : ing Home 28c. INJUS WORI 1 — YE	CE OF OEATH (Ch	Part I. 24e. WA PE 1 Yi	S AN AUTOPS RFORMED? S 2 NO OW INJURY C	DCCURED	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide a Could not be determined	OUE TO (OR AS A DUE TO (OR AS A CONTributing to death b HOSPITAL: Inpatient 2 EP/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	CONSEQUENCE C CONSEQUENCE C ut not resulting attent 3 DOA 28b. Till iN At home, farm,	OTHER: 4 Nursk ME OF JURY M	26. PLAI: :- ing Home 28c. INJUF WOR! 1 YE	CE OF OEATH (Ch S Residence RY AT K? S 2 NO	Part I, 24e. Will PE 1 Yill Seck only one) 8 Other (Specify 28d. DESCRIBE H 28t. LOCATION (S City or Town, to the ceuse(s) en	S AN AUTOPS SPORMED? SS 2 NO DW INJURY Correct and Number (State)	DCCURED ber or Rural stated.	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OR AS A DUE TO (OR AS A CONTributing to death b HOSPITAL: Inpatient 2 ER/Outp 26e. DATE OF INJURY (Month, Dey, Year) 26e. PLACE OF INJURY building, etc. (Spec	CONSEQUENCE C CONSEQUENCE C ut not reaulting ut not reaulting 28b. Till IN array At home, farm,	OTHER: 4 Nursk ME OF JURY M	26. PLAI : ing Home 28c. INJUF WOR! 1 YE Fry, office	CE OF OEATH (Ch. 5 Residence SY AT K? S 2 NO	Pert i. 24e. Will PE 1 Yill PE 24e. Will PE 1 Yill PE 24e. Will PE 24	S AN AUTOPS RFORMED? S 2 NO OW INJURY C	DOCURED ber or Rural stated.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to death b HOSPITAL: Inpatient 2 = ER/Outp 26e. DATE OF INJURY (Month, Dey, Year) 26e. PLACE OF INJURY building, etc. (Spec	CONSEQUENCE CONSEQ	OTHER: 4 Nursi	26. PLAI : ing Home 28c. INJUF WOR! 1 YE Fry, office	CE OF OEATH (Ch S Residence RY AT K? S 2 NO	Pert i. 24e. Will PE 1 Yill PE 24e. Will PE 1 Yill PE 24e. Will PE 24	S AN AUTOPS RFORMED? S 2 NO OW INJURY C	DCCURED ber or Rural stated.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to death b HOSPITAL: Inpatient 2 = ER/Outp 25e. DATE OF INJURY (Month, Dey, Veer) 25e. PLACE OF INJURY building, etc. (Spec	CONSEQUENCE CONSEQ	OTHER: 4 In the und OTHER: 5 In the und OTHER: 5 In the und OTHER: 5 In the und OTHER: 6	26. PLAI :ing Home 28c. INJUF WORI 1 YE iny, office	CE OF OEATH (Ch. 5 Residence RY AT K? S 2 NO Ind piece, end due with occurred at the 29c. LICENSE NUI	Pert i. 24e. Will PE 1	S AN AUTOPS RFORMED? S 2 NO OW INJURY C	DOCURED ber or Rural stated.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 miours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

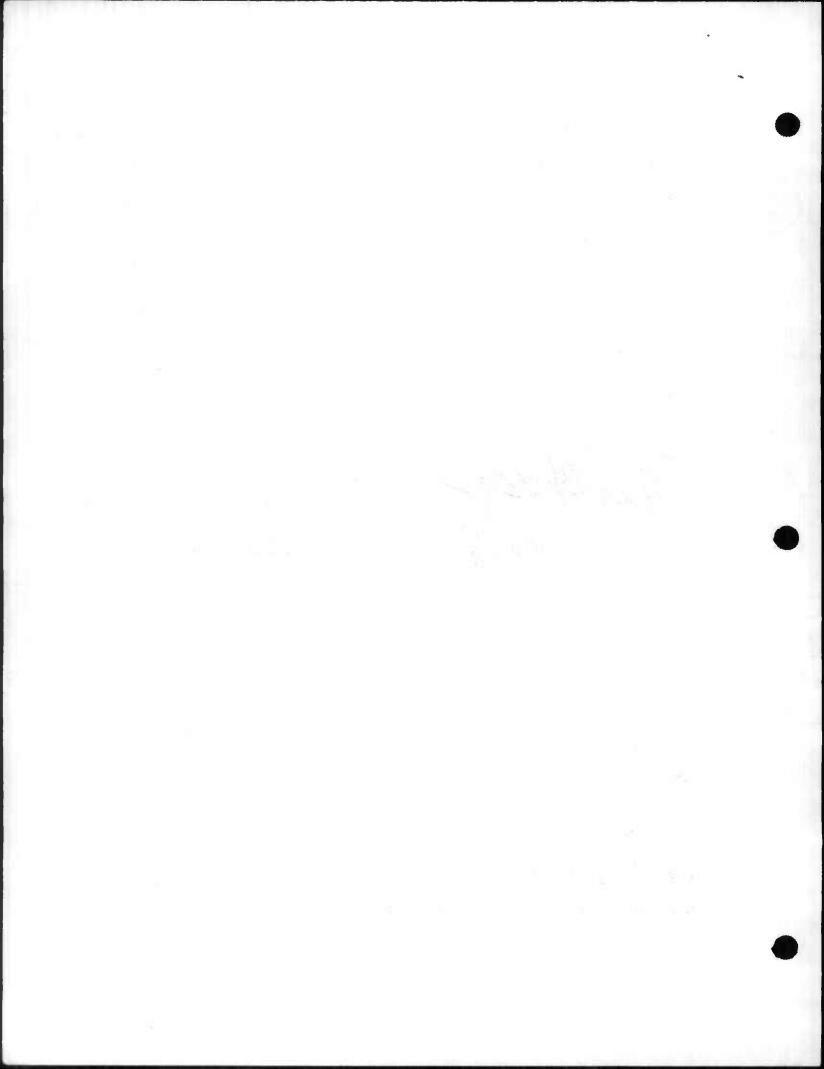
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MODIN, Day, Year) FEB 1 4 91

32. REGISTRAR'S SIGNATURE

Julia Variation Randelle

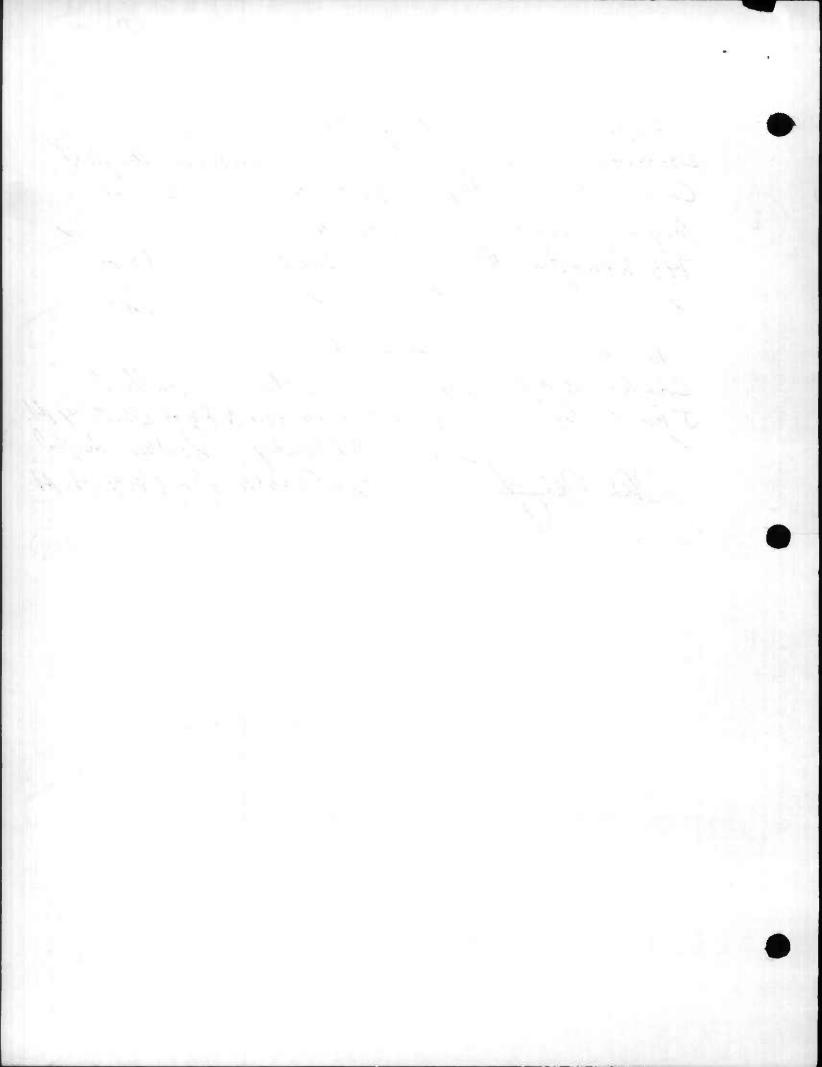


DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit are being within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	THE HOSPITAL OR ATTENDING PHYSI	THE FUNERAL DIRECTOR: After this of fled within 72 hours after death with	MPORTANT: If Item 28 is marked,

TO BE COMPLETED BY FUNERAL DIRECTOR

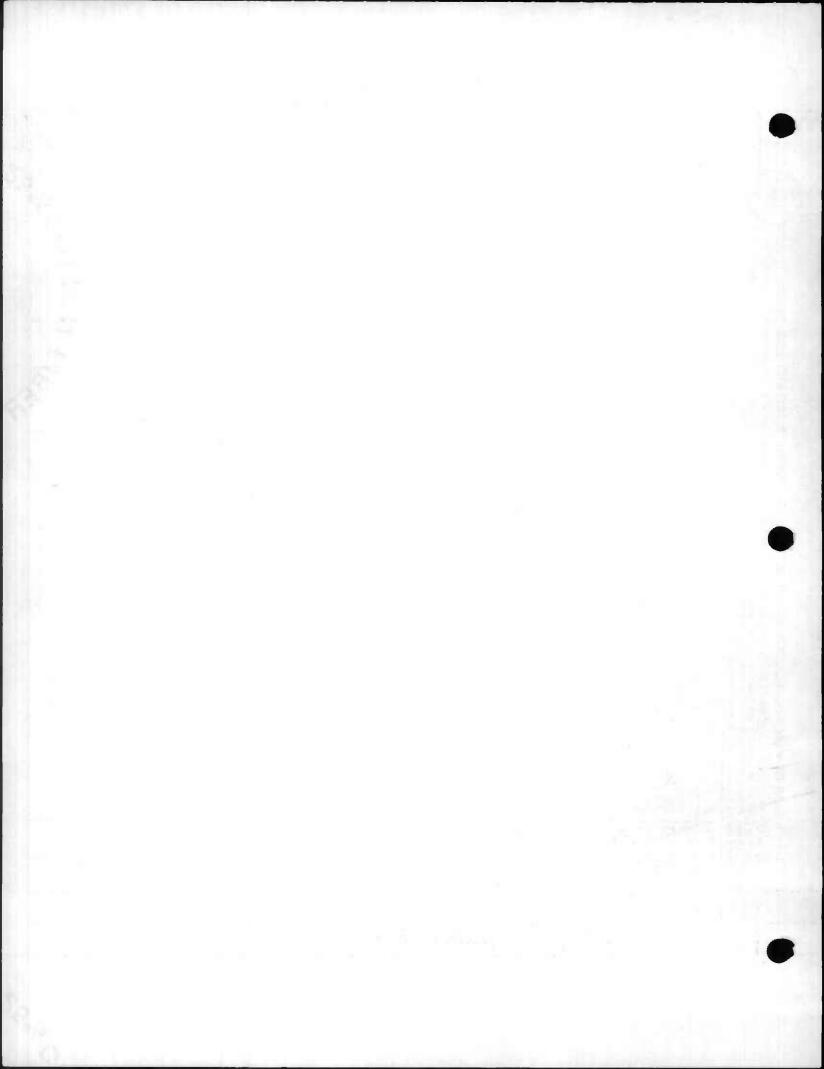
TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND	MENTAL HYGIENE REG. NO.		00270
1. DECEDENT'S NAME (Stat. Middle, Least)	Trene	Margo	rette	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-38-4629	5. SEX 5. AGE (In yrz. I	vins. WONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)	100 %	THPLACE (Stere or Foreign
9a. FACILITY NAME (If not institution, give a	General Hosp	96. CI	estainste	EATH	9c. COUNTY OF	DEATH ON
RESIDENCE OF DECEDENT 100. STATE 100. COUNT 100. COUNT		10c. CITY/TOWN	or LOCATION			10d. INSIDE CITY LIMITS?
10a. STREET AND NUMBER	+ Q1	WEST	10f. ZIP CODE		10g. CITIZEN O	1 VES 2 NO
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES	ARMED 1	3. WAS DECENDENT OF HISPA If yee, specify Cubrin, Mexic 1 YES 2 NO Speci	en, Puerto Ricen, etc.)	or No— 14. R.	ACE — American Indian, leek, White, etc.
3 Widowed 4 Divorced 15. DECEDENT'S EDU	CATION 18a. I	DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUS	INESS/INDUSTR	hite.
(Specify only highest grade			we during most of working			
17. FATHER'S NAME (First, Middle, Leat)	Ine Wang	de	16. MOTHER'S N	ME (First, Middle, Meiden S	hado	k11
J. Robert 19)	1/01	The Heart	188 (Street and Number or Rural	Poute Number, City or John	State Zip Code	MicHCHy M
20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State other	E OF DISPOSITION (place)	Name of comotory, crematory or	200. 600	ood law	Town, State
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2	hours of F	etche- o So	n ble	stainst M
The Court of the C	complications that caused the class on each li-	death. Do not an	er the mode of dying, au	ch as cerdiac or respi	ratory arrest,	Approximate Interval Between Onset and Death
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A CONS	EQUENCE OF):	Hear S	ailu	26	10 day
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A CONS	SEQUENCE OF):		-		
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE OF):				
PART II. Other significent condition	ne contributing to death but no	t resulting in the	underlying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
				1 🗆 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	отн				
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	iursing Home 6 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW II	NURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, f		26f. LOCATION (Street e City or Town, State)	nd Number or Ru	ral Route Number,
contain only	ICIAN: To the best of my knowledge, ER: On the basis of examination end/o					se(e) and manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE		anne	29c. LICENSE NU	IMBER	29d. DATE SIGN	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WE	10 COMPLETED CAUSE OF DEATH IT	TEM 27) (Type, Print)	A . 700 A	parle rel	, we	1001 Meg
31. DATE FILED (Month, Day, Year) FFB 15 '91	32 REGISTRAR'S SIGNATURE Julia Davidson-A	andell				



	1 - STATE REGISTRAR	TATE OF MARY	LAND / DEPAI CERTIF					REG. NO			
	A DECEMBATED MARKE (Class Address Land)	Bernard Ed						DATE OF DEATH	199	EAB	THE OF DEATH PM
	700 05 007/	SEX 6. AGE	(In yrs. last birthday) ZQ YRS.	IF UNDER 1		IF UNDER	24 HRS.	DATE OF BIRTH	918 V	BIRTHPLAN Country) ITgIn	CE (State or Foreign
OR	So. FACILITY NAME (If not institution, give street Washington conty	. 11 /11	l	96. CITY, 1	•	LOCATIO	ON OF DEAT	1231740	9c. COUNTY	1 .	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Mary 10b. Washin	ngton	10c. Cf	ry, town on Maug		on Vill	e				I. INSIDE CITY LIMITS? YES 2XX NO
ERAL (100. STREET AND NUMBER P. O. Box 143	}			101.	ZIP CODE	1767		10g. CITIZE		COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 🔀 Merried 3 Widowed 4 Divorced	was decedent ever forces? 12 XYE: IF YES, GIVE WAR OR 1936-56	8 2 NO	16	yes, spe	city Cube		ORIGIN? (Specify Ye Puerto Rican, etc.)	e or No-	8 Black, WI Specify:	American Indian, hite, etc. White
COMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondery (0-12) 0-12			S USUAL OCI work done di use retired.)	uring mos	N t of workin	g	precis			ments
TO BE COM	17. FATHER'S NAME (First, Middle, Lest) John E. Mil	ller				16. MOTH	IER'S NAMI	(First, Middle, Meider 01ive G			. 6
TO E	199. INFORMANT'S NAME (Type/Print) Mrs. Jessie Miller		1,000,000,000,000					ute Number, City or Ton Sville, M			1767
ad hand	20a. METHOD OF DISPOSITION ****CSBurlel 2	from State	other place) Rose Hi			1111	natory or		gersto		sum Maryland
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENS	him	mille	22. N	IAME AN	D ADDRE	Wilso		ch Fun Hager		Home n, MD 2174
if, the medical	23. PART i. Enter the diseases, or comshock, or heart feliure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	only one ceuse on	each lina.	intra	Vov	cula	/ (009/107		1 ,	Approximata interval Between Onset and Death F.
any injury, or other traumatic event, the medical	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sangrene Byle to COR AL ARTECIO		OWW/	eo	The	mit	nes			7 dys.
MED	PART II. Other algorificent conditions condi	Notine	Rimon of resulting Rimon of		deriying	cause ov~	given in F		N AUTOPSY ORMED?	CC OF	ERE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE F DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	OSPITAL:	admeticate 2 - BOA	OTHER	t:		EATH (Che				
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJUF (Month, Day, Yea	ry 28b. 1	IME OF NJURY M	28c. INJ WO			B Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED	
28 LS	2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF INJU- building, etc. (S	IRY At home, farm specify)	n, street, fact	ory, offic	•		281. LOCATION (Street City or Town, Sta		or Rural Rout	te Number,
IMPORTANT: If Item 2 O BE COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER: (721000					nd manner as stated.
TO BE C	200. SIGNATURE AND TITLE OF CERTIFIER O. Yarani	M.C).			1	ENSE NUM	046	29d. DATE	SIGHED (M	191
	30. NAME AND ADDRESS OF PERSON WHO CO		Jage/	John Tow	m,	Mo	1 2	1740			
	31. DATE FILED (Month, Day, 16ar) FEB 19 'G1	32. REGISTRATA'S S	Davidson-A	andere							

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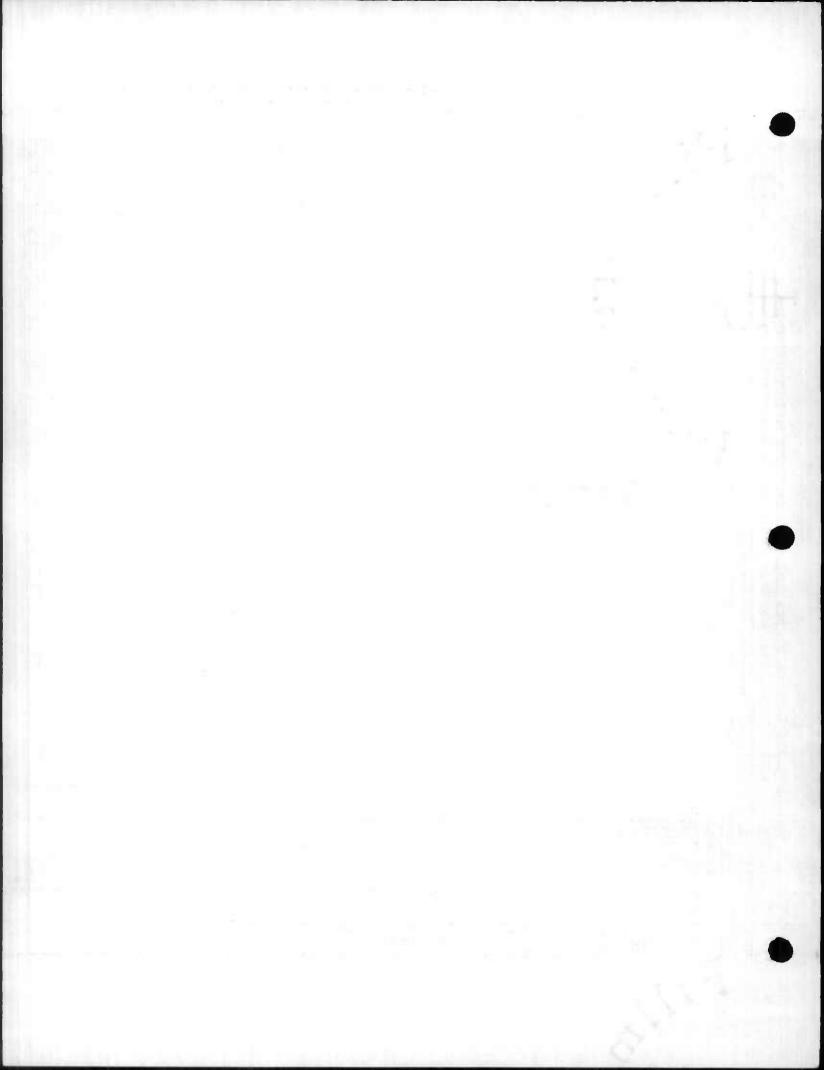


TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR, that this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State begin, or freath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nettified at once.
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	FOR 1 - STATE REGISTRAR	STATE	OF MA	RYLAND /	DEPAR	TMENT	OF H	EALTH DEA	AND I	MENT	AL HYGIE			
	1. DECEDENT'S NAME (First, Middle,	Last) An		Victor	ia M	ILLE	R			MO	TE OF DEATH		YEAR	3. TIME OF DEATH 125 A M
	4. SOCIAL SECURITY NUMBER 214-09-1120	5. SEX	/ 6.	AGE (In yrs. lest		IF UNDER		IF UNDE	MIN.	7. DA	TE OF BIRTH onth, Day, Year)	915	BIRTH Countr	PLACE (State or Foreign) Mary land
5	90. FACILITY NAME (If not institution, WAS-11 Co	40sp.	,	16 Si	0	9b. CITY)		Tea	EATH	m8	DC. COUNT	Y OF D	
וחברוסו	RESIDENCE OF DECEDEN 10a. STATE 10b. C		0.		10c. CIT	r, TOWN C			Sw.)				10d. INSIDE CITY LIMITS? 1 YES 2 NO
MALD	100. STREET AND NUMBER 856 JEJJELS					TAC	-	ZIP COO	E			10g. CITIZE		WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS C	ECEDENT E	VER IN U.S. ARI YES 2 NO OR DATES			If yes, sp	ENDENT ecity Cub		in, Puer	GIN? (Specify 1 to Ricen, etc.)		4. RACE Black Speci	E — American Indian, k, White, etc. My: White
PLEIEU	1s, OECEDENT' (Specify only highest Elementary/Secondary (0-12)	grade completed)	(1-4 or 5 +)	(Gi	CEDENT'S we kind of a Do NOT us	work done	during mo		ing		16b, KIND OF E	USINESS/INOU	STRY	
COMPL	17. FATHER'S NAME (First, Middle, La							18. MO			st, Middle, Maid			
u Q	Robert Higm 190. INFORMANT'S NAME (Type/Print			191	MAII ING	ADDRES	R (Street	and Numb			la Man	ges own, State, Zip (Corrie)	
2	Hubert E. Mil	•												land 21740
	20a METHOD OF DISPOSITION 1A 2 Burlal 2 Cremation 3 C 4 Donation 5 Other (Specify		State	20b. PLACE other pla	OF DISPO	SITION (No	me of ce	metery, cre	matory or		20c.	LOCATION — C	ity or To	
	21. SIGNATURE OF FUNERAL SERVI		nis	rni	ch	22.	NAME A	ND ADDR	ESS OF FA		М	innich	Fui	neral Home Md. 21740
HIFICATION	23. PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING		OUE TO (O		OUENCE O	re c	the mo			,	ardiec or rec		et, Y S/	Approximete Interval Between Onset and Death Approximate Approxim
CERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d	DUE TO (O	AS A CONSE	QUENCE O	F):								
MEDICAL	PART II. Other algolificant con	oditiona contrib	uting to de	eath but not i	resulting	In the u	ndertylr	g cause	given in	Part	PERI	AN AUTOPSY CORMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?	CAL	TA1 - /					LACE OF	DEATH (C	heck on	ly one)			
Z	1 YES 2 NO	1 🗆 Inpa	tiont 2 XE	R/Outpetient 3			raing Ho		Residence	1	Other (Specify)			
ву рн	27. MANNER OF DEATH 1 Natural 5 Pendin 2 Accident Investig	9	. DATE OF IN (Month, Day,	Mar)	28b. TII	ME OF JURY M		JURY AT ORK? YES 2	□ NO	28d.	DESCRIBE HO	W INJURY OCC	URED	
ED	3 Suicide 6 Could i	not be	PLACE OF building, et	INJURY — At he c. (Specify)	rme, ferm,	street, fac	tory, offi	00			LOCATION (Sin City or Town, St	et end Number eto)	or Rural	Route Number,
COMPLE	(Check only]	PHYSICIAN: To the												(e) and manner as stated.
O BE CO	296. SIGNATURE AND TITLE, OF CE	ENTIFIER /	m	K	250	ACHS	2	0	CENSE M	IMBER	5	29d. DATE	SIGNE	(Month, Dyl), West)

32. AGGISTRAR'S SIGNATURE
Julia Davidson-Randalle

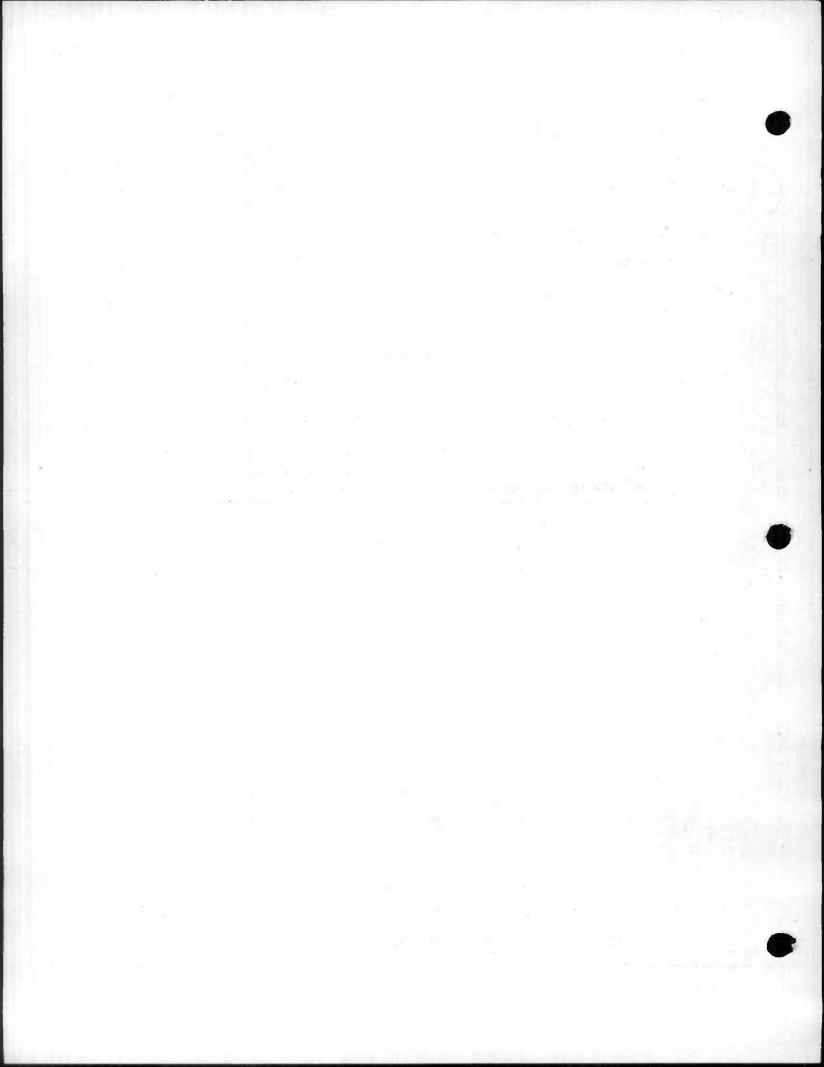
FEB 1 4 '91



FOR

	1 - STATE REGISTRAR		CE	RTIF	CATE OF	DEATH	REG. NO			
	1. OECEOENT'S NAME (First, Middle, Last)						2. DATE OF OEATH	AY Y		TIME OF DEATH
	MADALINE I	OIS	MILLER				February 1		1 8	3:30 P M
	4. SOCIAL SECURITY NUMBER 234-26-7601	8. SEX 1	6. AGE (In yrs. les 78	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) April 20,	1.0	BIRTHPLA	CE (State or Foreign t Virginia
OR	96. FACILITY NAME (If not institution, give st Mennonite Old Pe	eoples Ho	me			R LOCATION OF O		9c. COUNT	of DEATH	
RECT	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Was	hington			, TOWN OR LOCAT				100	I. INSIDE CITY LIMITS?
0		in Ting con		Н	lagerstov					YES 2 NO
FUNERAL DIRECTOR	1332 Salem Aven	iue				21740		1 -	N OF WHAT	COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR YES 2 THE	MED VO		ecify Cuben, Mexica	NIC ORIGIN? (Specify Year, Puerto Rican, atc.) y:	a or No—	Black, WI Specify:	American Indian, offe, atc.
	15. OECEOENT'S EDUC (Specify only highest grade		18e. OE	CEOENT'S	USUAL OCCUPATIO	ON st of working	18b. KINO OF BU	SINESS/INOUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us Omema	rork done during mode retired.) ker		Own	home		
	17. FATHER'S NAME (First, Middle, Last) Orin Wayne	Hoff	man			16. MOTHER'S NA Dell	AME (First, Middle, Maiden a	Sumeme)	Goff	
TO BE	190. INFORMANT'S NAME (Type/Print) Sharon L. Horch	mer					Route Number, City or Tov			1740
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	20b. PLACE	OF DISPOS	SITION (Name of cen	netery, cremetory or		CATION — CH	y or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LIC			TICLY C			fman Funer			
	> R. hoel -	Brady	-				rman runer m St.,Hage			
	23. PART I. Enter the diseases, or cahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition	List only one cau	use on each line			de of dying, aud	ch as cardiac or resp	iratory arres	it,	Approximate interval Between Onset and Death
	reculting in death)	0	rosclero							years
NOIL	Sequentially list conditions, if any, leading to immediate	b. OUE TO	(OR AS A CONSE	OUENCE OF	F):					
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cOUE TO	(OR AS A CONSE	OUENCE OF						
CERTIFICATION	resulting in death) LAST	d								
	PART II. Other eignificant condition	e contributing to	death but not i	resulting i	n the underlying	g cause given in	Part I. 24e. WAS AI PERFO	NAUTOPSY RMED?	AM	RE AUTOPSY FINDINGS ILLABLE PRIOR TO
PHYSICIAN: MEDICAL						1	1 YES	2 🖾 NO	OF	MPLETION DF CAUSE DEATH? YES 2 NO
ä										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpetlent 3	DOA		ACE OF OEATH (C	6 Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, E	INJURY	28b. TIM	E OF 28c. INJ URY WO		28d. OESCRIBE HOW	INJURY OCCU	REO	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building,	OF INJURY — At he etc. (Specify)	ome, ferm, e	street, factory, offic		261. LOCATION (Street City or Town, State		Rural Route	Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CROCKLE EXAMINE						e to the cause(e) end me e time, date end place, e			d manner as stated.
8	29b. SIGNATURE AND THILE OF CONTIFIE	Olaro	10			29c. LICENSE NU D1126		1.00	11/91	orth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH Howard N. Week					Hagerst	own, Mary	Ladn 2	1740	
	31. DATE FILEO (Month, Day, Year) 3 '9	32. REGISTRA	AR'S SIGNATURE			0 13 4	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			





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1	-	44	
		it. Pages 1	
	ian.	and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages, 1, 235	
146	g physic	e burial	
BALTIMORE, MARYLAND 21203-3146	attendin	se as th	
212	pital or	n Joy pa	
AND	the hos	detach	
_	3	2	
ARY	stained	should	
m, ≅	lay be n	page 5	
MOR	аде 6 п	director,	
ET.	feath. P	funeral	
8	3 after	by the	removal.
	MOU 57	filled in	lon, or
,6,	recuted within 24 nours after death, Page 6 may be retained by the hospital or attending physician.	mpletely	burial, cremation, or removal,
13146,	ecuted	and col	burial,

DIVISION OF VITAL RECORDS, P.O. BOX

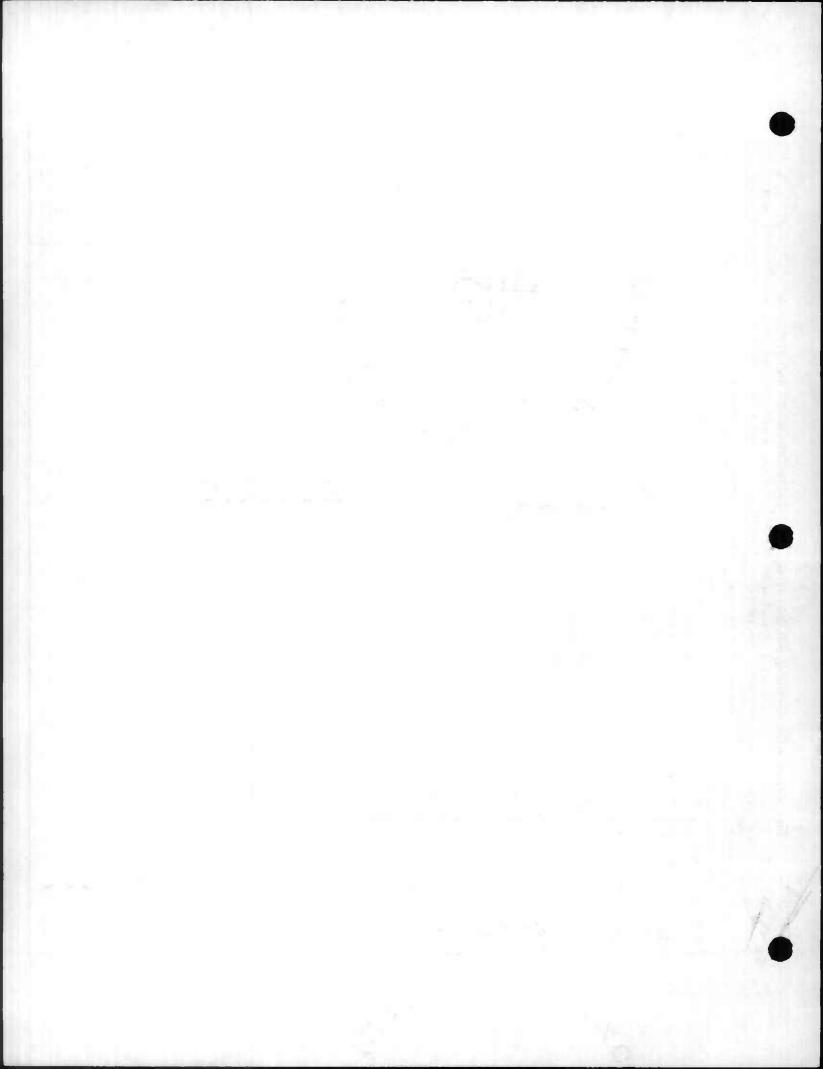
	1. DECEDENT'S NAME (First, WALTER		DWARD	MC C	T.ATN					MONTH		16,19	YEAR	5:30 A.
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.		IF UNDER		IF UNDER 24	HRS.	7. DATE C	F BIRTH	10,1	S. BIRTH	PLACE (State or Foreign
	219-05-2138		1X M 2 - F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.	Day, Year)	1918	Country	laryland
4	So. FACILITY NAME (If not in 104 Don		k Drive					or LOCATION		ATH		10.00	shin	eath igton
DIRECTOR	RESIDENCE OF DEC	EDENT												
	Maryland	10ь. county Wa	shingtor	ı	10e. CIT	Hage						Ы		104. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	104 Donny	brook	Drive				10	2174)			10g. CITI		A.
B⊀	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		FORCES?	NT EVER IN U.S. 1 X YES 2 [MAR OR DATES WW II	/ES 2 NO If yes, specify Cuban, Maxico R DATES 1 YES 2 NO Specif					can, Puerto Ricen, etc.)			14. PACE Black Spech	- American Indian, , white, atc. White
ETED	(Specify only	EDENT'S EDUC highest grade	completed)		DECEDENT'S (Give kind of title. Do NOT us	work done	CCUPATI during me	ON oat of working		18b.	KIND OF BU	SINESS/INC	USTRY	
COMPLE	Elementary/Secondary (0		College (1-4 or 8	+)	Superv						Airc	raft	Manu	facturer
BE CO	17. FATHER'S NAME (First, M Pearle	Wa1	ter N	ſc Clai				Vic	ola	M	argar	et		per
0	Pauline W	. Mc C	lain		104 I	Donny	bro		ive,		ersto	wn, M	[ary]	and 21740
	20e. METHOD OF DISPOSIT 1 Burial 2 Crematic 4 Donation S Other	ON 3 Remo	oval from Stata	Mt othe	Zion l	SITION (M	Chu	rch Ce	ory or emet	ery	Myer	SVILL	city or To	wn, State 'rederick, M
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	1,_		Ar	name a	ND ADDRESS	of FAC	man	Funer	al Ho	me,	Inc.
NO	Sequentielly list condit	diste	b	O (OR AS A CON	SEQUENCE O	512 6 8 1991:			ER					
FICATI	If eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	iry	DUE TO	OR AS A CON	SEOUENCE O	F):								
CERTIFICATION	If eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuithat initiated events resulting in deeth) LAS	T	4				nd a di da		unn In I	Book J. T	04-14004	NATE OF STREET	Lag	
	If eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	T	4				nderlyin	ng ceuee gl	ven in i	Part I.	24e. WAS A PERFO	RMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	If eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuithat initiated events resulting in deeth) LAS	T	4				nderlyin	og ceuee gl	ven in i	Part I.	PERFC	RMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDICAL	If eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS PART II. Other eignifications. Cause of the cau	T condition	d. contributing to	o deeth but ne	ot resulting	In the u	26. P	LACE OF OE	ATH (Che	nck only on	PERFO	RMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	If eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS PART II. Other eignifications. Case Reference of Examiner? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 8	ont condition O MEOICAL	e contributing to HOSPITAL: 1 Inputant 2	o deeth but no	ot resulting	OTHE	26, PR: rsing Hor 28c, IN	į.	ATH (Che	eck only one	PERFO	RMED?		COMPLETION OF CAUSE DF DEATH?
ED BY PHYSICIAN: MEDICAL	If eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in deeth) LAS PART II. Other eignifications of the cause of t	ont condition	HOSPITAL: 1 Inputent 2 28e. DATE 0 (Month,	Dideeth but not not not not not not not not not no	ot resulting	OTHE 4 Nu	26. PR: rsing Hor 28c. IN W	PLACE OF OEJ THE 8 PRESIDENT AT ORKY YES 2	ATH (Che	28d, DES	PERFO	INJURY OC	CUREO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ETED BY PHYSICIAN: MEDICAL	If eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in deeth) LAS PART II. Other eignification of the cause of th	ont condition O MEOICAL Pending trivestigation Could not be detarmined	HOSPITAL: 1 Inputant 2 28e. DATE 0 (Month, 28e. PLACE building	ER/Outpatien F INJURY Day, Year) OF INJURY — A , etc. (Specify)	t 3 DOA 25b. Till iN t home, ferm,	OTHE 4 Nu ME OF JURY M	26. PR: rsing Hor 28e. IN 1 ttory, office	PLACE OF OEJ THE 8 PRESE JURY AT ORKY YES 2 Ce	ATH (Che Idence :	3 Other 28d, DES 28f, LOC	PERFC 1 YES (Specify) (Specify) (Streem Nown, State Nown, Nown	INJURY OC and Number	CUREO or Aural F	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 N.NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	If eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in deeth) LAS PART II. Other eignification of the cause of th	ont condition O MEOICAL Pending three significant could not be detarmined FOR CERTIFIES FOR	HOSPITAL: 1 Inpetient 2 28e. DATE O (Month, 28e. PLACE building CIAN: To the best of R: On the basic of COMPLETEO CAME MD	□ ER/Outpetien F INJURY Day, Year) OF INJURY — A , etc. (Specify) of my knowledge examination and	2Sb. Till IN thome, ferm, death occurrive investigation or investigation of the control of the c	OTHE 4 Nu AE OF JURY M street, factor, in my Poto	26. PR: rsing Hor 28c. IN 1 □ story, office time, det	PLACE OF OELTHO 8 PROBLEM AT OPINCY YES 2 Code a and place, of death occurrent 29c. LICEN	NO NO NO NO NO NO NO NO NO NO NO NO NO N	281. LOC/City of to the cau	PERFC 1 YES (Specify) (Specify) CRIBE HOW TOWN, State and place, 4	INJURY OC and Number and to to to to to to to to to to to to to	CUREO or Aural F ted. ne causa(a E BIGNED 2 / 1 9	AVAILABLE PRIOR TO COMPLETION OF CAUSE DET DEATH? 1 YES 2 NO Route Number, i) and manner as stated. (Month, Day, Year)

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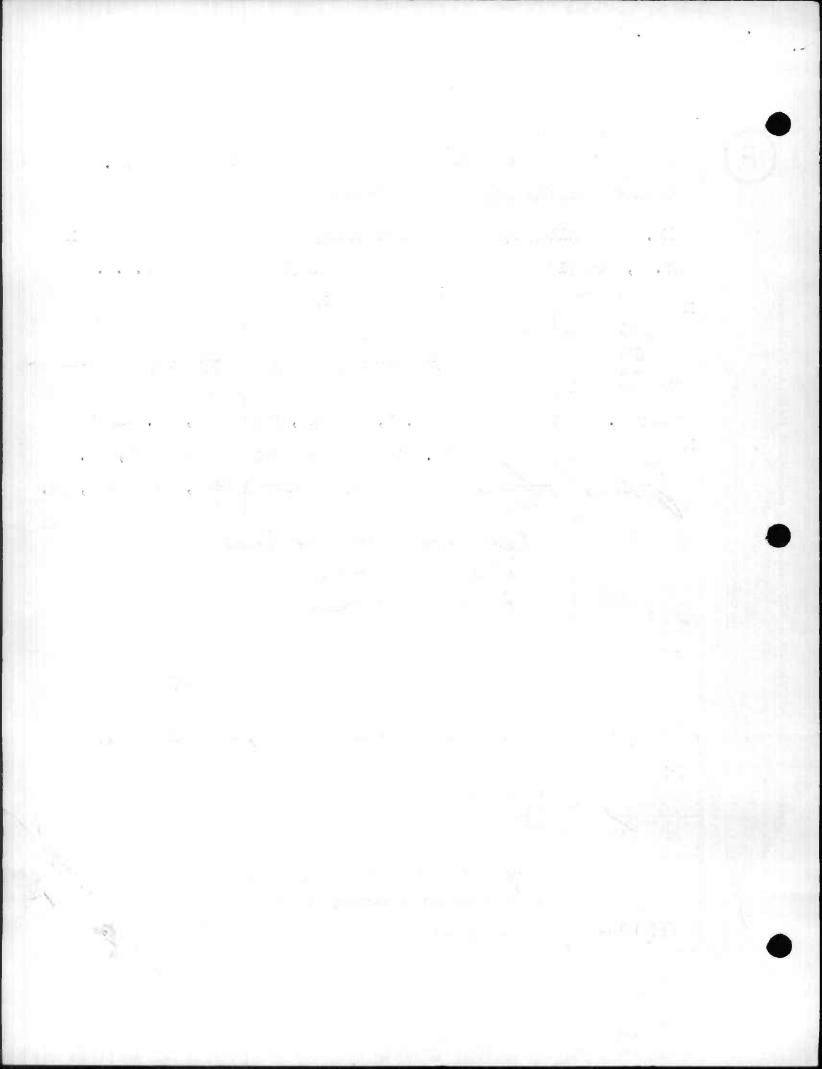
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
!	1. DECEDENT'S NAME (First, Middle, Last)	Miller				2. DATE OF DEATH DATE OF S	/99	16 PM
	4. SOCIAL SECURITY NUMBER 219-76-0420	1 💢 M 2 🗆 F	33 YRS.	70	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/18/195	7 1	IRTNPLACE (State or Foreign ountry) MARYLAND
TOR	90. FACILITY NAME (If not institution, give UNIVERSITY OF M RESIDENCE OF DECEDENT			BALTI	MORE	ATN	BALTIM	ORE CITY
DIRECTOR	10a. STATE 10b. COUNT	ANKLIN		OWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	14873 LOCUST	LEVEL RD.		101.	17225		u.s	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ES 2 NO	If yes, spec		C ORIGIN? (Specify Yan I, Puarto Rican, atc.)		RACE — American Indian, Black, While, etc. Specify: WHITE
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	t done during most stired.)	of working	16b. KIND OF BU	SINESS/INOUSTR	ay
COMPLET	17. FATHER'S NAME (First, Middle, Last)	M. MILLER	7733			AE (First, Middle, Melden		
TO BE	190. INFORMANT'S NAME (Type/Print) ERLA J. MILLER					Oute Number, City or Tow		
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rer 4 Donation 6 Other (Specify)	noval from State	REIFF'S CH	HURCH CE	EMETERY	H.	GERSTO	WN MD.
	21. SIGNATURE OF FUNERAL SERVICE L		•••	Hary	ADDRESS OF FAC	In the orter	ex Sam	. Frank / She
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. SEPTO DUE TO (OR	on each line.	ock.		n aa cardlac or reap	Iratory arrest,	Approximata Interval Between Onset and Death 46 14 05
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. ACUT	AULO CYTO AS A CONSEQUENCE OF): CHYEL AS A CONSEQUENCE OF): ODYS PL	do L	EUKER	11A ·		> 2 WKS 2 MONTHS UNKNOWN
DICAL	HENOLYSI	_				DEDEC	RMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATN (Ch	6 Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28s. DATE OF INJ (Month, Day, Y	JRY 28b. TIME	OF 28c. INJI	JRY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident investigation 3 Suicide 6 Could not b 4 Homicide determined	26e, PLACE OF IN	JURY — Al home, farm, str (Specify)	eet, factory, office		28f. LOCATION (Street City or Town, State 22 South	1	Rural Route Number, STREET
COMPLET	(Check only	SICIAN: To the best of my NER: On the basis of exami	and the second					nuse(s) and menner as stated.
TO BE C	206. SECHMETURE AND TITLE OF SENTIN	Lugue	40.	,	29c. LICENSE NUI D 0 8 2	46	29d. DATE SI	GNEO (Month, Day, Year)
F	MEYER R. HE	Y MAN M.S	F DEATH (ITEM 27) (Type, F	OF M	d Hosi	0 22 5.6	REENE	
	FFR 1 5 9 1	gutia Dands	SIGN PARKLER					21201

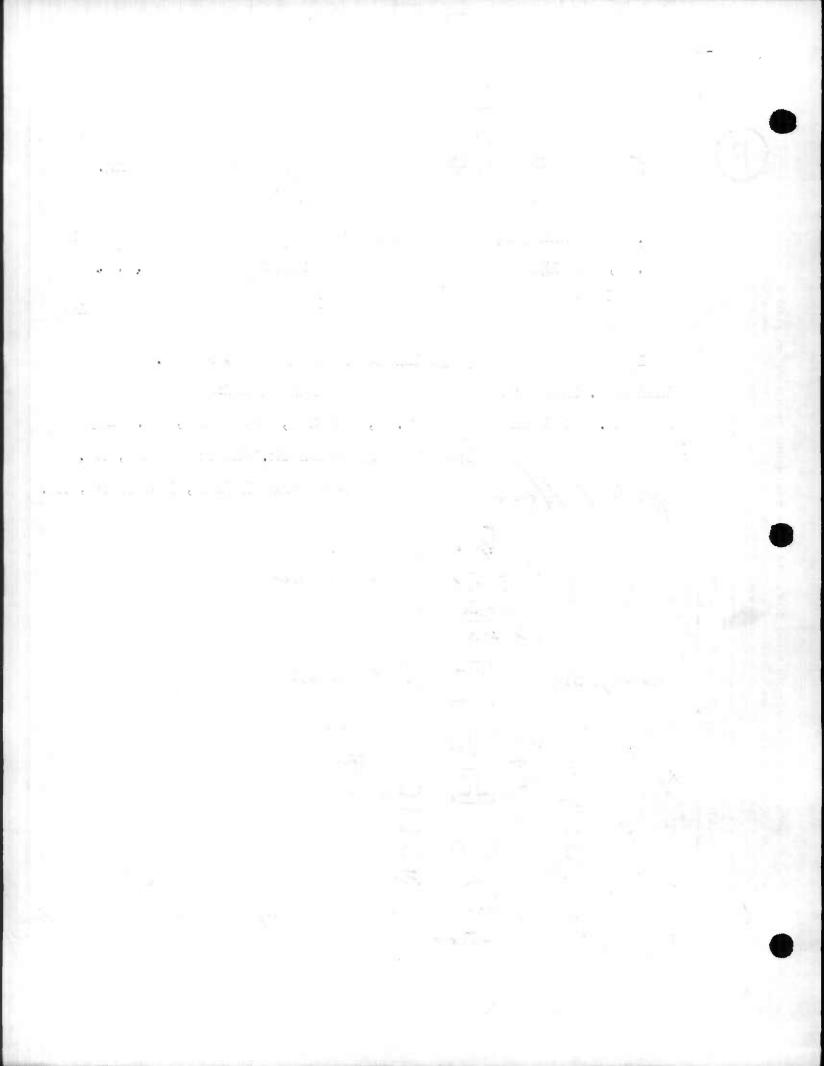


	1. DECEDENT'S NAME (First, Middle, Les Verna V. McK	·				2. DATE OF DEATH	w 91°	3. TIME OF 12:
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. lest birtho	ay) IF UNDER 1 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPLACE (State
)	215 16 4442	1 □ M 2 🂢 F	70 YR	S. MONTHS C	DAYS HOURS MIN.	03"11" 20		Md.
3	9a. FACILITY NAME (If not institution, give				TOWN OR LOCATION OF D		11000	Y OF DEATH
СТОЯ	Frostburg Comm	unity Hosp)	Frso	tburg, ha	100 100 has	Alle	egany
DIREC	10a. STATE 10b. COUN	NTY	10c.	CITY, TOWN OR	LOCATION			10d. INSIDE
	Md • A	llegany		Frost				1 TES 2
BAL	Rt. 2, Box 7	7.0			101. ZIP CODE 21532			N OF WHAT COUNTS
FUNER	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED		AS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Yes		I. RACE — American Black, White, etc.
BY F	1 Never Married 2 Married \$\int \text{Widowed} 4 Divorced	IF YES, GIVE W	YES 2 NO AR OR DATES		yes, specify Cuban, Mexic YES 2 NO Specific			Specify:
	15. DECEDENT'S EC	DUCATION	16e, DECEDEN	IT'S USUAL OCC	CUPATION	16b, KIND OF BUS	SINESS/INDUS	White
COMPLETED	(Specify only highest gra	college (1-4 or 5+	(Give kind	of work done dur of use retired.)	ring most of working			
MPL	8		Hom	emaker		Own	Home	
	17. FATHER'S NAME (First, Middle, Last) Clarence Ral	077				AME (First, Middle, Maiden		
BE	19a. INFORMANT'S NAME (Type/Print)	e y	19b. MAII	ING ADDRESS (A PA MC Ke:		ode)
5	Sally A. Sco	tt				Frostburg		
	20a. METHOD OF DISPOSITION	emovel from State			e of cemetery, crematory or			ty or Town, State
	23. PART I. Enter the diseases, Dahock, or heart feilur	or complications that	t ceused the death. I se Dn eech line.	D		eral Home	-	it, Appre
	23. FART I. Enter the diseases, D	or complications that re. List only one cause	se Dn eech line.	Do not enter th	urst Func	PACILITY PACIFICATION TO THE PACIFICATION TO T	-	it, Appri
SERTIFICATION	23. Part I. Enter the diseases, p ahock, or heart felium IMMEDIATE CAUSE (Finel disease or condition	a. Due to b. Due to c.	se Dn eech line.	Do not enter the British of the OF): LE OF): LE OF): LE OF):	rupst Function of dying, su	PACILITY PACIFICATION TO THE PACIFICATION TO T	-	it, Appri
- CERTIFI	23. PART I. Enter the diseases, p shock, or heart feilun immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a. Due to d. Due to d.	COR AS A CONSEQUENCE (OR AS A CONSEQUENCE	Do not enter the second	rurst Function of dying, sur living a sur living	eral Home ch as cardiac or respi	AUTOPSY	24b. WERE AUTO ANALABLE F COMPLETIOL OF DEATH?
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D BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, p shock, or heart feliun immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant conditions and the cause in the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant conditions are caused to the cause of	b. DUE TO	COR AS A CONSEQUENCE COR AS A COR AS A CONSEQUENCE COR AS A CO	DO not enter the company of the comp	lerlying cause given in 25. PLACE OF DEATH (C. ing Home 5 Residence 25. Residence 25. NO NEW AT WORK? 1 YES 2 NO	n Part I. 24e. WAS AN PERFOR 1 YES 2	AUTOPSY NMED?	24b. WERE AUTO AMAILABLE F COMPLETION OF DEATH? 1 YES:
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Les	it)	CERTI	FICATE OF	DEATH	REG. N			3. TIME OF DEATH
	HARRY EUGENE ME					02	DAY	YEAR 991	6:00 P
1	4. SOCIAL SECURITY NUMBER 213-24-6112	5. SEX 6. AG	E (In yrs. last birthday	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTI Count	HPLACE (State or Foreign
E	9a. FACILITY NAME (If not institution, give				OR LOCATION OF D	EATH	9c. COUN	TY OF D	DEATH
ECTOR	SACRED HEART HO	DSPITAL		COMBER	LAND, MA	RYLAND	ALLE	GAN)	Y
E	10a. STATE 10b. COUNTY	Allegany	10c. C	Frostb					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER Rt. 2, Box	22		11	01. ZIP CODE 2153	2			what country?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s		NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:		14. RAC Blec Spec	E — American Indian, ik, Whita, etc.
	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	(Give kind o	"S USUAL OCCUPAT of work done during in use retired.)	TION nost of working		BUSINESS/IND	JSTRY	
	17. FATHER'S NAME (First, Middle, Last)		Mil	1. Room	SA MOTHER'S N	Tire	e Co.		
E COMPL	William E. Me	arrbach				Rankin	oen Sumame)		
5	19a. INFORMANT'S NAME (Type/Print)	011 000022	19b. MAILI	NG ADDRESS (Street		Route Number, City or	Town, State, Zip	Code)	
2	Nancy F. Mer	rrbach	Rt	. 2, Bo	x 146,	Frostbu	rg, Mo	d.	21532
Н	20a. METHOD OF OISPOSITION 1 WBurlal 2 Cremation 3 Re	amount from Ctate		ATE OF DISPOSITIO			LOCATION — C		
	4 Donation 6 Other (Specify)	I	rostbu	rg Memo	rial Pk	2/12 F	rostbu	irg	. Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE							
	. 1 / //	7/			AND ADDRESS OF F				
ĺ	John f.	Hon					e, Fro	ost	burg, Md
	23. PART I. Enter the diseases, of the part fellows	or complications that cause	sed the death. Do	Dur	st Fune	ral Home			Approximata
	23. PART I. Enter the diseases, of shock, or heert fallur IMMEDIATE CAUSE (Final	or complications that cause on	sed the death. Do	Dur	st Fune	ral Home			Approximata Interval Betw
	ahock, or heert fallur IMMEDIATE CAUSE (Final disease or condition	re. List only one cause on	sed the death. Do	Dur	st Fune	ral Home			Approximata Interval Betw
	ahock, or heert fallur IMMEDIATE CAUSE (Final	re. List only one cause on	each line.	Dur o not enter the m	st Fune	ral Homo			Approximata Interval Betw
N	immediate Cause (Final disease or condition resulting in deeth)	OUE TO (OR A	s a consequence	Dur o not enter the m	st Fune	ral Homo			Approximata Interval Betw
NOIN	ahock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	OUE TO (OR A	va foy	Dur o not enter the m	st Fune	ral Homo			Approximata Interval Betw
ICALION	shock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR A	S A CONSEQUENCE	Dur o not enter the m	st Fune	ral Homo			Approximata Interval Betw
SIIFICATION	ahock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR A	s a consequence	Dur o not enter the m	st Fune	ral Homo			Approximata Interval Betw
u	ahock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inliteted events resulting in death) LAST	OUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A)	S A CONSEQUENCE	Dur o not enter the m	st Fune	ral Homo			Approximata Interval Betw
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5	ahock, or heert fellur IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	OUE TO (OR A) OUE TO (OR A) DUE TO (OR A) OUE TO (OR A) OUE TO (OR A)	S A CONSEQUENCE	Dur Dur onter the m	st Fune ode of dying, aud	ral Homethas cardiac or re	eaplretory arre	oat,	Approximata Interval Betw Onset and Donest a
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MEDICAL OF	ahock, or heert fellur IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificent condit CAUSELLY STATE 25. WAS CASE REFERRED TO MEDICAL	OUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A)	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE	Dur o not enter the m onotenter the m	st Fune ode of dying, aud	Part I. 24a. WAS PER 1 YES	AN AUTOPSY FORMED?	oat,	Approximata interval Betwood Onset and Double of the Conset and Double
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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



ificate be executed within 2. Lours after death. Page 6 may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-inansit permit. Pages	ene prior to burial, cremation, or removal.	her traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.3. Nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: If

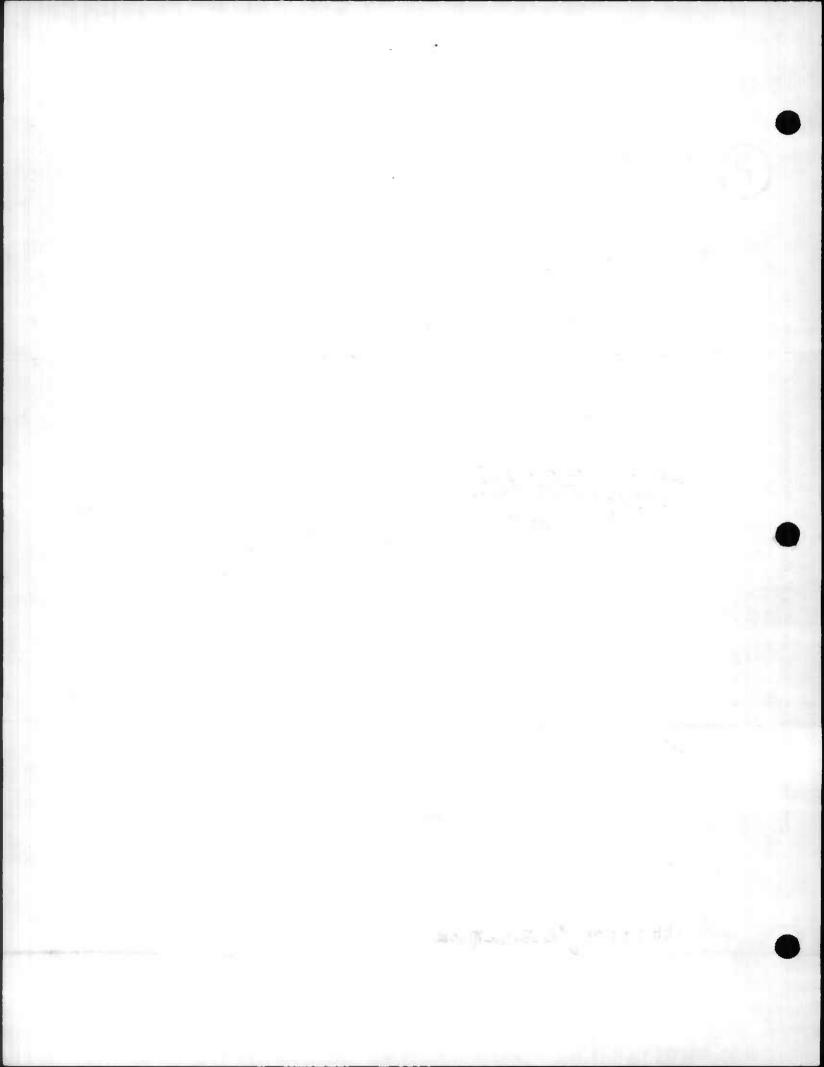
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOF

FOR STATE REGISTRAR		STATE OF MARYL		MENT OF H		WENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, EUGENE	-RS	ROBERT MARSHAL			2. DATE OF OEATH			AY 9 YEAR /90		TIME OF OEATH
4. SOCIAL SECURITY NUMB 217-05-2158	158	1/2 M 2 🗆 F	74 YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOUNG MIN.	3	PERTH Day, Year)	16 B	alti	more, MD
90. FACILITY NAME (If not in	TY HOS		AT!		TIMORE, MA		ND	9c. COUNTY	OF DEATH	
10a. STATE MD.		Arundel		TOWN OR LOCAT						I. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER	A ROAL	Kel		101	zip code 2103	32		USA	OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS OCCEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR						n, Puerto R				American Indian, hite, etc., White
15. DEC (Specify only Elementary/Secondary (0 12 Year		CATION completed) College (1-4 or 5+)	Ille. Do NOT use	ork done during mo retired.)	ATORS B	0.9	KIND OF BUS	iness/indust Insula		
Samuel	17. FATHER'S NAME (First, Middle, Last) Samuel Marshall				18. MOTHER'S NAME (First, Middle, Maiden Surname) Anne Schelhaus					
190. INFORMANT'S NAME OF ECT TO THE			35	Mayo R	Road, Edg	ewate	er, city or Town	State, Zip Coo 2103	7	
20 METHOD OF DISPOSITIVE Burlet 2 Crematic 4 Donation 5 Other	(Specify)		Meadowri	dge			Do	rsey,	MD	State
21. SIGNATURE OF PUNERA	18	Slip Ch.		311	NO ADDRESS OF FA 1 lings fi 1 Mounta	in Rd	., Pas	adena	, MD	21122
IMMEDIATE CAUSE (Firdisease or condition resulting in death) Sequentially list condit if any, leading to immecause. Entar UNDERLY CAUSE (Disease or injutest initiated events resulting in death) LAS	lons, diata	DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF)	teant Car				atory arrest	,	Approximate Interval Between Onset and Daati
PART II. Other algnifica	ent condition	es contributing to death	but not resulting in	the underlyin	g cause given in	Part i.	24e. WAS AN PERFOR 1 YES 2	MED?	CO OF	RE AUTOPSY FINDINGS NEABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:		OTHER:	LACE OF DEATH (Ch					
27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	JRY W	JURY AT DRK? YES 2 NO	28d. DE\$	CRIBE HOW II	JURY OCCUR	ED	
a D Butsta	Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	Y — At home, farm, st ectly)	treet, factory, offic	:0		ATION (Street a or Town, State)	nd Number or i	Rurel Rout	Number,
and only		CIAN: To the best of my kno								nd manner as stated.
296. SIGNATURE AND TITLE	3/1/4	Ly	MELY		29c. LICENSE NU	MBER		29d. DATE SI	GNED (M	orith, Day, Year)
11	1.	reeve St		Print) Himare	MD			/	/ /	7
31. DETERMED (Month, Day,	191 4	32. REGISTRAR'S SIG	NATURE nde 82							·



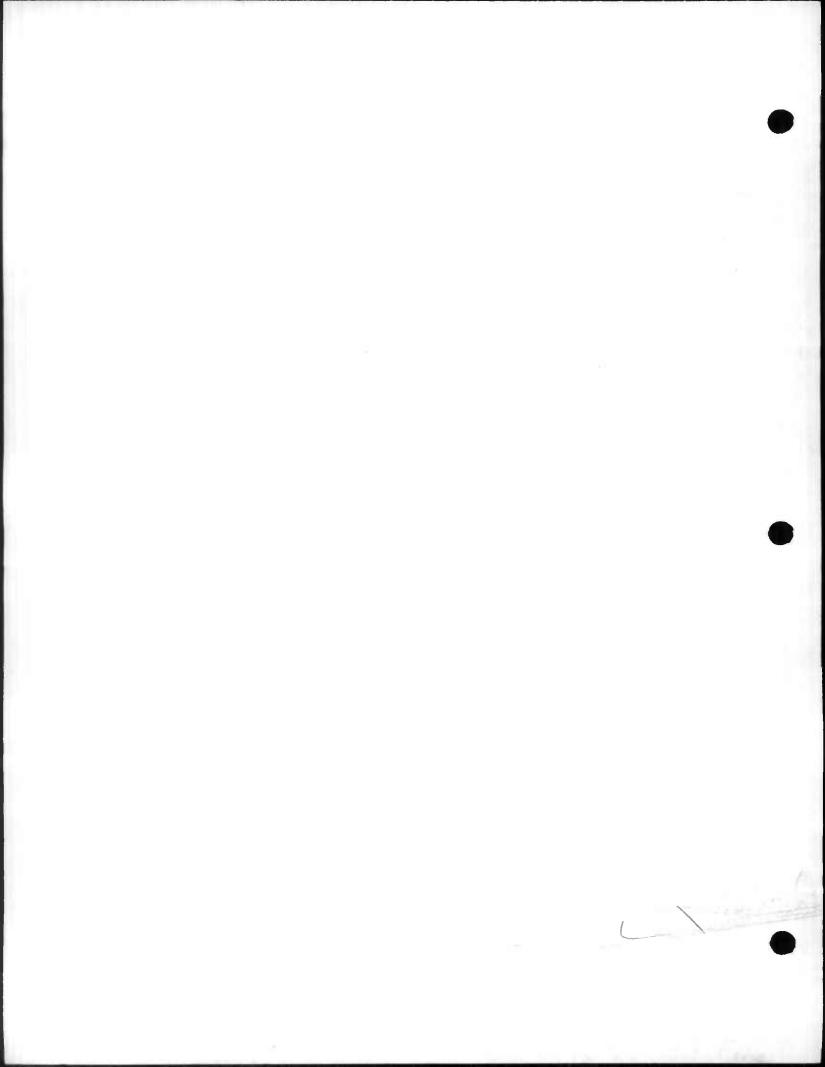
N I 7	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE CERTIFICATE OF DEATH REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH	3. TIME OF DEATH
Roland W. Morgan VEAR 02/07/1991	10:00 P M
A SOCIAL SECURITY MINABED S SEY S AGE (In use last high-day) E INDER 4 VEN E INDER 4 UND 7 DATE OF DIETH	PLACE (State or Foreign
040 40 EE404 19 H2 IS VDG WORTHS ONTS 10000 WITH. 12/22/06	vland
9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE	
Deer's Head Center Salisbury, Md. 21801 Wicomic	0
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?
Deer's Head Center Salisbury, Md. 21801 Wicomic RESIDENCE OF DECEDENT Too. STATE TOO. COUNTY TOWN OR LOCATION Maryland Somerset Princess Anne	1 YES 2 NO
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF W 2 18 5 3 1. MARITAL STATUS 1. MARITAL STATUS 1. WAS DECEDENT EVER IN U.S. ARMED 1. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yae or No— 14. RACE FORCES? 1 ☐ YES 2 ☐ YOU If yes, specify Culput, Maxicen, Puerto Ricen, etc.)	HAT COUNTRY?
Jeffrey Lane 21853 U.S	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No— 14. RACE FORCES? 1 YES 2 WOO If yes, specify Cuber, Maxicen, Puerto Ricen, etc.)	- American Indien, White, etc.
IF YES, GIVE WAR OR DATES 1 YES 2 DINO Specify: Specify:	y:
	hite
1s. OECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.)	
Elementary/Secondary (0-12) College (1-4 or 5 +)	•
12 Bus Driver Transportat 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Lest)	100
Columbus Morgan Cecie Swift 19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
	wn, Stata
20b. PLACE OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometent cremetory or other place) And rews Episcopal 20c. LOCATION - City or Town other place) And rews Episcopal Pr. Anne.	Md. 2185
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	WILL 2 10.2
Hinman Funeral Home	
23, PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory erreat,	I Amenautorete
shock, or heert fellure. List only one ceuse on each line.	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition	Onset and Death
disease or condition	1 1/2 YF
Sequentially list conditions, Due to (or as a consequence of):	
If any, leading to immediate cause. Enter UNDERLYING	
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	
	WERE AUTOPSY FINDINGS
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b.	WERE AUTOPSY FINDINGS AWALLABLE PRIOR TO COMPLETION OF CAUSE
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24b. WAS AN AUTOPSY PERFORMED? 25c. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26c. PLACE OF DEATH (Check only one) 27c. MANNER OF DEATH 1 Natural 5 Pending 28c. DATE OF INJURY (Month, Day, Year) 28c. NIJURY AT WORK? 1 YES 2 NO 28c. NIJURY AT WORK? 1 YES 2 NO 28c. NIJURY AT WORK? 28c. NIJURY AT WORK? 1 YES 2 NO 28c. NIJURY AT WORK? 1 YES 2 NO 28c. NIJURY AT WORK? 28c. NIJURY AT WORK? 28c. NIJURY AT WORK? 28c. NIJURY AT WORK? 28c. NIJURY AT WORK? 28c. NIJURY AT WORK? 28c. NIJURY AT WORK? 28c. NIJURY AT WORK?	AWALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I, 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. DATE OF INJURY (Month, Dey, Year) 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT NORK? 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT NORK? 28. PLACE OF INJURY AT NORK? 28. PLACE OF INJURY At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Recommendation) 28. PLACE OF INJURY AT NORK? 29. PLACE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE OF INJURY AT NORK? 29. DATE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY AT WORK? 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED City or Town, State) 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED City or Town, State) 28c. CERTIFIER (Check only one) 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. DATE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. DATE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. DATE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. DATE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. DATE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. CERTIFIER (Check only one)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Route Number,
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PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY AT WORK? 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED City or Town, State) 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED City or Town, State) 28c. CERTIFIER (Check only one) 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. DATE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. DATE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. DATE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. DATE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. DATE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. CERTIFIER (Check only one)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

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BALTIMORE, MARYLAND 21203-31	. Page 6 may be retained by the hospital or attending	aral director, page 5 should be detached for use as the
BAL	Surs after death	led in by the fun , or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death. Page 6 may be retained by the hospital or attending	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the 2 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

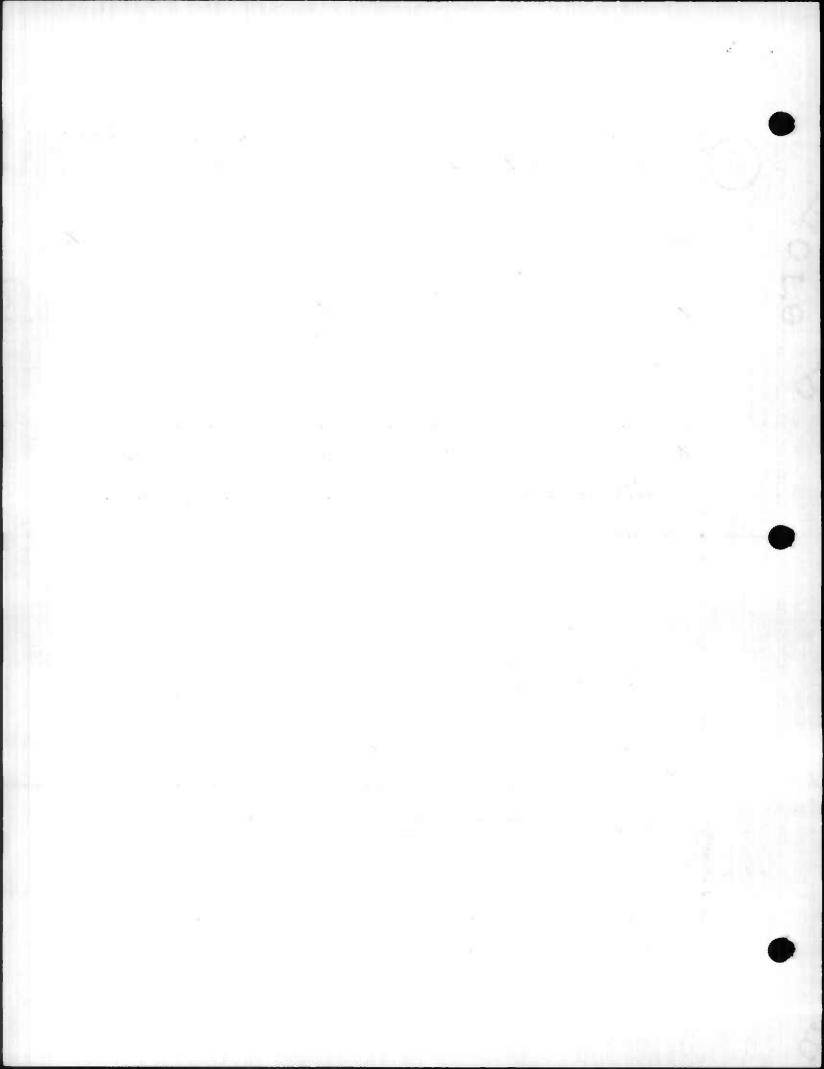
	FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAF CERTIF	RTMENT OF H		MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last Nellie Kem					Jan. I	Š, 1§	3. TIME OF DEATH 91 5:00 A	
1	4. SOCIAL SECURITY NUMBER 219-36-7086	5. SEX 1 M 2XXF	AGE (In yrs. lest birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Aug 20, 0)4	MD	
стов	9a. FACILITY NAME (If not institution, give Laurelwood Nurs	· 1	9b. CITY, TOWN OR LOCATION OF GEATH EIKton			9c. COUNTY OF DEATH Cecil			
DIRECT	10a. STATE 10b. COUN Cec		DE. CITY, TOWN OR LOCATION Elkton			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☐ NO			
ERAL	100. STREET AND NUMBER 100 Laurel Dr.		101	2 1921		10g. CITIZEN	OF WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 IN IF YES, GIVE WAR	YES 2 NO	S. ANMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Cuben, Mexican, Puerto Rican,				RACE — American Indian, Black, White, atc. Specify: White	
ETED	(Specify only highest grade completed) ((Give kind of work done during most of working life. Do NOT use retired.)			Sb. KIND OF BUSINESS/INDUSTRY		
COMPL	6th 17. FATHER'S NAME (First, Middle, Leet) George Kemp	Hor	Homemaker n/a 18. MOTHER'S NAME (First, Middle, Melden Surname) Katherine Tribbett Kemp						
TO BE	199, INFORMANT'S NAME (Type/Print) George D. Melvi	AODRESS (Street of Box		ne i ribbet Poute Number, City or Tow Oming, Dela					
must be	20a. METHOD OF OISPOSITION 1 Burlet 2	other place)	POSITION (Name of cametery, cramatory or It. Olive Cemetery Felton, Delawa						
a commen	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Greensboro, Maryland Fleegle-Helfenbein Fn Hm POBx 160							Maryland	
CERTIFICATION	23. PART I. Enter the diseases, o shock, or heart failur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. DUE TO 101	ON BEDUENCE	10	Lend	Falu		, Approximate Interval Betwo	
snows any injury, or	PART II. Other significant conditi	ona contributing to da	ath but not resulting	in the underlyin	ng cause given in	Part i. 24a. WAS AMPERFOI	RMED?	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	LACE OF DEATH (Ch	CE IDICTION			
PHY:	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending	28a. DATE OF IN. (Month, Day,		ME OF 28c. IN	JURY AT ORK? YES 2 NO	8 U Other (Specify) 28d. OE\$CRIBE HOW	INJURY OCCUR	ED	
Z8 IS	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)				et, factory, office 281. LOCATION (Stree City or Town, Stal			t and Number or Rural Route Number, e)	
	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFICATION	ur_!		29c. LICENSE NU	MBER	29d. DATE SIONED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF ORANI (ITEM 27) (Type, Print)								
1	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE								



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🗻 yours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained to the form of the funeral director, page 5 should be detained to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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requir	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral manual and physician and completely filled in by the funeral manual and white the state hear of health and Merital Honleine order to burial. Cremation, or removal.	show
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1	FOR STATE 0	MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1	1. OECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY		TIME OF OEATN
	Elsie S. Miller	8. AGE (In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	4 BIOTHIDI	ACE (State or Foreign
)	215-07-1599 1□ № 2 💢	F 90 YRS. MOY	THS DAYS HOURS MIN.	03-04-1900) Mary	land
OR	Ba. FACILITY NAME (# not Institution, give street and number, Meridian Nursing Center	96	Frederick	EATN	Freder	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		-1	0d. INSIDE CITY LIMITS?
	Maryland Frederic	k	Frederick			☐ YES 2 NO
FUNERAL	800 Motter Avenue Apt.	14	101. ZIP CODE 21701		10g. CITIZEN OF WH	AT COUNTRY?
3	11. MARITAL STATUS 12. WAS OECE	DENT EVER IN U.S. ARMED 1 YES 2 NO	13. WAS DECENDENT OF NISPAI		or No.— 14, RACE -	- American Indien, White, atc.
BY F		VE WAR OR DATES	If yes, specify Cuban, Mexica 1 TES 2 II NO Specif		Specify	White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USL (Give kind of work	IAL OCCUPATION done during most of working tired.)	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 of 4 th grade	Housew				
NO.	17. FATNER'S NAME (First, Middle, Last)		16. MOTHER'S NA	AME (First, Middle, Maiden S	Surname)	
BE	Erba Armacost 190. INFORMANT'S NAME (Type/Print)		Rhoda			
2	Kurtis R. Miller		ps Lane, Union			
	20s METHOD OF DISPOSITION 1 3 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOSITION Of the Pipe Pipe Pipe Pipe Pipe Pipe Pipe Pip	N (Name of cometery, cremetory or Cemetery		esville,	
	21 SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	OU ITM	Funeral	
	· Steven W.	Eline	934 S. Main S			
	23. PART I. Enter the diseeses, or complications shock, or heart failure. List only one		enter the mode of dying, suc	ch ea cerdiec or respli	ratory arrest,	Approximata interval Batwaan
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)	A. S. C. V.	D.			Onset and Death
		E TO (OR AS A CONSEQUENCE OF):				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	E TO (OR AS A CONSEQUENCE OF):				
FICA	cause. Enter UNDERLYING CAUSE (Disesse or Injury	E TO (OR AS A CONSEQUENCE OF):				+
E	that initiated events resulting in death) LAST					
	PART II. Other significant conditions contributing	g to death but not resulting in t	the underlying cause given in	Pert I. 24a. WAS AN		WERE ALTOPSY FINDINGS
PHYSICIAN: MEDICAL	- C.O.P.D			1 TES 2	Films	COMPLETION OF CAUSE OF DEATH?
ME				_		1 YES 2 NO
NAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)		
YSIC	1 TES 2 NO 1 Inpetient	2 ER/Outpetient 3 DOA 4	THER: Nursing Home 5 - Residence			
ву Рн		E OF INJURY 28b. TIME C INJUR		28d. DESCRIBE HOW I	NJURY OCCURED	
	2 Deutaida 28a. PL/	CE OF INJURY — Al home, farm, stre ding, etc. (Specify)	et, factory, office	28f. LOCATION (Street a City or Town, State)		oute Number,
COMPLETED	(Critical Critis)	est of my knowledge, death occurred	at the time, date and place, and du	a to the cause(a) end ma	nner as stated.	
COM		of examination and/or investigation,				
B	29b. SIGNATURE AND TITLE OF CERTIFIED		29c. LICENSE NU	1912	≥ SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (Type, Pr	E REMILL,	mD JI	1701	
		STRAR'S SIGNATURE				
	FFR 15 '91 Juli	Devidoon-Randelle				



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nours after death. Page 6 may be re-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 :	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is merked, or Item 23 shows any injury, or other traumstic event, the medical examiner must be no	TO BE COMPLETED BY PHYSICIAN: MEDICAL CEPTIFICATION
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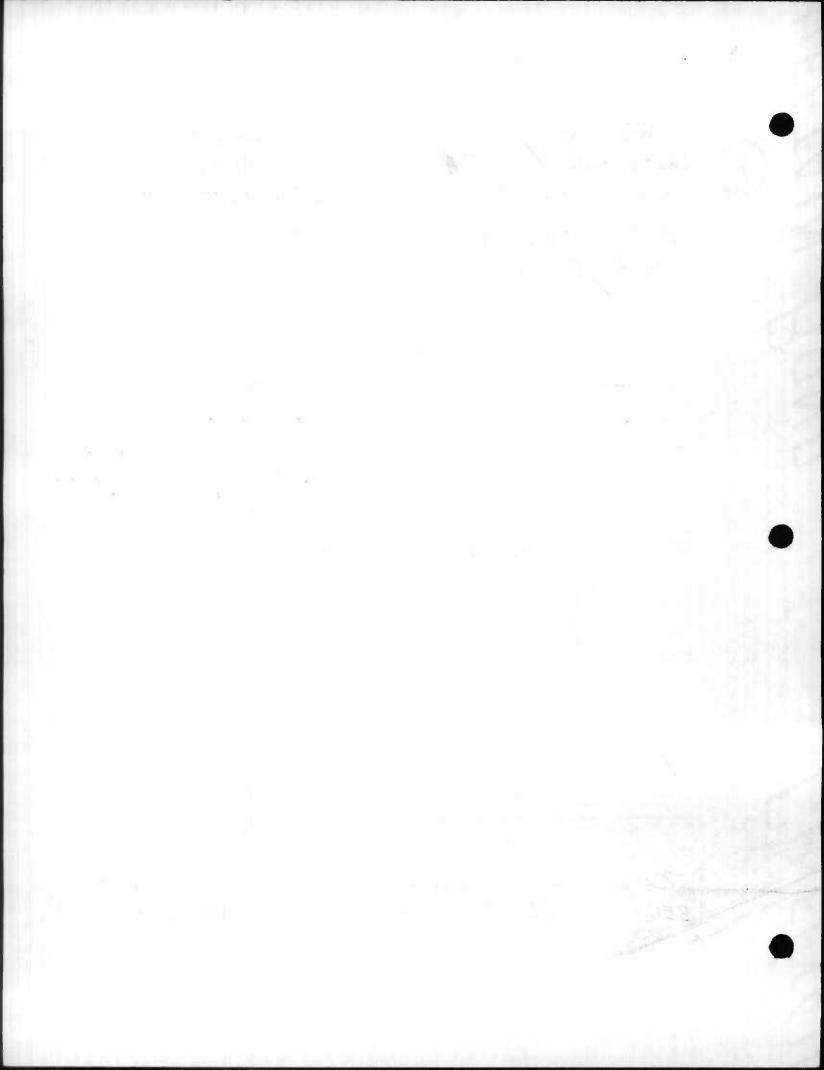
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. Woodrow Richard McCombs 1. DECEDENT'S NAME (First, M. 2. DATE OF DEATH 3. TIME OF DEATH 1451 5. SE) A SOCIAL SECURITY IF UNDER 1 YEAR 7. DATE OF BUTTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. North Carolina 1 2 M 2 | F Sa. FACILITY NAME (If not 9c. COUNTY DF DEATH Mr. CITY TOWN DR LOCATION OF DEATH RESIDENCE OF DE 10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 5 02 USA 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 11. MARITAL STATUS RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, P

1 YES NO Specify: 1 Never Married 2 M white 3 Widowed 4 Divorced WII 15, DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Security Security Guard 8 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) George McCombs Mamie Johnson. 19b. MAJLING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 502 Magnolia Road, Joppa, Md. 21085 19a. INFORMANT'S NAME (Type/Print) Maxine H. McCombs 20a. METHOD OF DISPOSITION
1 (XBurial 2 | Cremation 3 | F
4 | Donation 5 | Other (Specify) | 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State on 3 - Rem Holly Hill Memorial Gardens Baltimore, Md. 22. NAME AND ADDRESS OF FACILITY
HOWARD K. McComas III Funeral Home, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE foeberl 1317 Cokesbury Road, Abingdon, Md. 21009 23. PART I. Enter the diseases, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each interval Between Onset end Daath **IMMEDIATE CAUSE (Finel** disease or condition O resulting in death) DUE TO (OR AS A CONSEQUENCE OF) quentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DE DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO int 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 🗌 Could not be 4 | He 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of tigation, in my opinion, death occured at the time, date and place, and due to the couse(e) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER Benjamin 91 NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SINA BENJAMIN

> 32. REGISTRAR'S SIGNATURE Lulia Davidson

Rando



	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N		
	1. PERENT'S NAME (First Middle, L		T. Mullir	ns		2. DATE OF DEATH	Pay - C	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-32-6108	5. SEX 8	AGE (In yrs. lest birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 10		BIRTHPLACE (State or Fore Country)
CTOR	90. FACILITY NAME (If not inetitution, of HOWARD COUNTY RESIDENCE OF DECEDEN	1 General +	bspital	96. CITY, TOWN	MOIA,		9c. COUNT	Y OF DEATH
DIRE	Maryland Ho			TY, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 X
FUNERAL	6518 Allview Dr			1	01. ZIP CODE 21046		10.00	S.A.
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 HF YES, GIVE WAR	YES 2 X NO	If yes, s		NIC ORIGIN? (Specify an, Puerto Ricen, etc.) lly:	Yee or No 14	RACE — American Indian Black, White, atc. Specify: White
PLETED	15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12)		18e. DECEDENT'S (Give kind of life. Do NOT to		ION nost of working		BUSINESS/INDUS	
COMPL	17. FATHER'S NAME (First, Middle, Less)	Secret	Lary	16. MOTHER'S N	AME (First, Middle, Maid		Government
	Jehu M. I				ico (Con)	a Weiss		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADORESS (Street		Route Number, City or	Town, State, Zip Co	ode)
2	Barbara Seibe	rt	6518	Allview	Dr.,Colu	mbia, Mary	yland 2	1046
	20g. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 4 Donation 5 Other (Specify)	Ramoval from State	20b. PLACE OF OISPO other place) Mulberry	SITION (Name of o	emetery, crematory or			ly or Town, State
	21. SIGNATURE OF FUNERAL SERVICE Aarrey		Ba	HARR		ZKE FUNER		ott City,Mo
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (OR	AS A CONSEQUENCE OF	Lanani of:	garte	ny dia	2001	
MEDICAL	PART II. Other algorificant cond	Itiona contributing to des	eth but not resulting What United States of the second s	In the underlyi	ng cause given ir	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FII AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2
SICIAN:	25. WAS CASE REFERRED TO MEDICA	u. T		26.	PLACE OF DEATH (C	heck only one)	-	
SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3 □ DOA	OTHER:		6 Other (Specify)		
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigat	28e, DATE OF INJ (Month, Day, 1		ME OF 28c. II	NJURY AT PORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED
ETED E	3 Suicide 8 Could no 4 Homicide determine	building, etc.	IJURY — At home, farm, . (Specify)	, street, factory, off	lce	281. LOCATION (Stre City or Town, St	set end Number or ate)	r Rural Route Number,
COMPLE	onel	HYSICIAN: To the best of my MINER: On the basis of exam						
TO BE C	TOWN	eure			D29	909	29d. OATE	IGNED (Martin, Day, Year)
	31. DATE FILED (Morith, Day, Year) FEB 1 5 9	VREIL	95010	DLO A	NNAPO	in Rd	FLLI	UDIT (MYZ
	FEB 1 5 '91	Gisha Dav	idson-flander	iab.				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

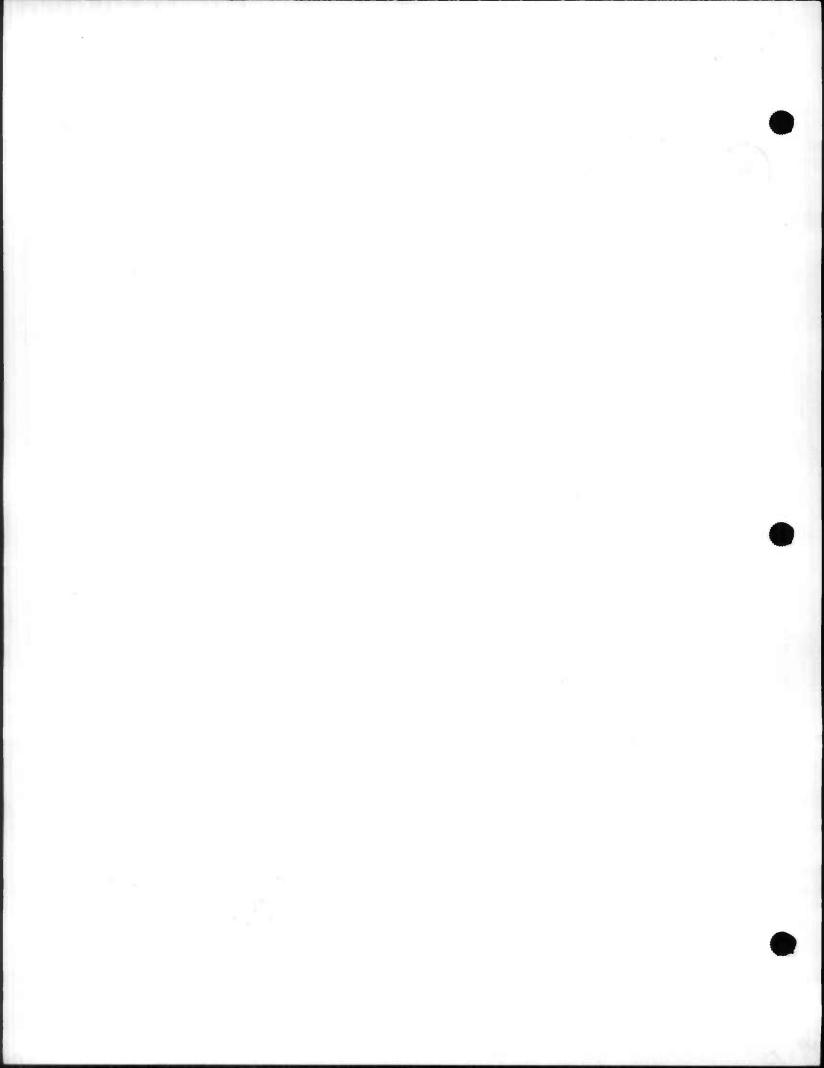
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First	, Middle, Last)			11						2. DATE	OF DEATH	AY	YEAR	3. TIME OF OEATH
Doi	man	Н.		mrll	21					2	1	\$	9/	5130 PM
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE ('in yrs. lest birtho		UNDER 1 YEA		UNDER		7. DATE (DE BIRTH Day, Year)		8. BIRTI	HPLACE (State or Foreign
218 - 05 -	5059	1 [X M 2 □ F		77 YR	s. MO	MTHS DAY	rs H	DURS	MIN.		il 6.	1913		th Carolina
90. FACILITY NAME (If not in		street and number)			98	L CITY, TOV	VN OR L	OCATIO	ON OF DE		••••		NTY OF C	
Hagerstown	Genera	l Hospit	al		\perp	Hage	rst	own	56			Was	hing	ton
100. STATE	10b. COUNT			10c.	CITY, T	OWN OR LO	CATION	C						10d. INSIDE CITY
Maryland	Washi	ngton		H	inco	ach								LIMITS?
10e. STREET AND NUMBER	WOODIDE	rigicon		1 /10	t/LCC	/ <u>C</u> C	10f. ZI	P CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?
Box 356D He	auenli	ACHON P	idoo				2	175	Λ				11	S.A.
11. MARITAL STATUS	wence	12. WAS DECEDEN	T EVER I	N U.S. ARMED		13. WAS				NIC ORIOIN	? (Specify Ye	or No-	14. BAC	E — American Indian.
1 Never Merried 2 🐰		12. WAS DECEDED FORCES? IF YES, GIVE	XX YES	2 NO		If yes	yes 2	y Cube	n, Mexico	n, Puerto F	licen, etc.)		Bled Spec	ck, White, etc.
3 Widowed 4 Dive	becred	World	War	ÏĪ		1 ''	, 20 2	×	Ореси	,.				rite
15. DEC	EDENT'S EDU	ICATION completed)		16a. DECEDER	IT'S US	UAL OCCUP	ATION	f workin	w7	18b.	KIND OF BU	SINESS/IN	DUSTRY	
Elementery/Secondery (College (1-4 or 5	+)	lile. Do Ni	OT use re	etired.)	y mout c	WO TO	9					
Grade 7				Build	ina	Cont	rac	tor		S	elh -	empl	oued	
17. FATHER'S NAME (First, A	Aiddle, Lest)								HER'S NA		tiddle, Malden			
Barney Andr	ew Mil	ler						De	lla	Ida i	Benge			
190. INFORMANT'S NAME (19b. MAI	LINO AD	ODRESS (Str	eet end				er, City or Tox	vn, State, Z	p Code)	
Mary France		er								es R				Md 21750
20e. METHOD OF DISPOSIT 1 X Burlet 2 Cremeti 4 Donation 8 0 Othe	on 3 🗆 Ren	noval from State		other place)			f cemete	ну, ствп	natory or					own, State
21. SIGNATURE OF FUNER		CENSPE	_ <u>[u</u>	nion Co	ane		E AND	ADDRE:	SS OF FA	CILITY	bur	rons	vice	e. Maryland
0,1	-110	(1)1				Done	ald	son	Fun	eral	Home,	P.A		
Colle	4	X Sol	6			313	Ta	lbo.	tt A	ve.	Laurel	, Ma	ryla	nd_20707
23. PART I. Enter the c		complications the			Do not	antar tha	moda	of dy	Ing, suc	h aa card	lisc or resp	iratory a	rreat,	Approximate Interval Between
IMMEDIATE CAUSE (FI		List only one of		our mile.										Onset and Death
disease or condition resulting in death)	\rightarrow													
resulting in dealis)	•	DUE TO	(OR AS	CONSEQUENC	E OF):									
ATT ATT ATT ATT ATT ATT ATT ATT ATT ATT ATT ATT ATT ATT ATT ATT.		b.												
Sequentistly list condi- if any, leading to imme				CONSEQUENCE	-	-	1							· AH
cause. Entar UNDERLY CAUSE (Disease or Ini-		C		MP QS	21	r.C	L	TVI	21	C9				months
that initiated events		DUE TO	(OR AS	CONSEQUEN	E 0/1:									7
reaulting in death) LAS	ST	d												
PART II. Other signific	ant condition	ns contributing to	death F	out not result	ing in	the under	lylna a	ause .	given in	Part I	24s. WAS AI	N AUTOPS	24	b. WERE AUTOPSY FINDINGS
	40-4	<u>'\</u>					.,				PERFO	RMED?	"	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	175/1	D								— 1	1 TYES	2 NO		OF DEATH?
				·						_				1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:				THER:	6. PLAC	E OF D	EATH (C	heck only or	ne)			
1 TYES 2 NO		1 D Inpatient 2			DA 4	☐ Nursing	_	_	esidence	_				
27, MANNER OF DEATH	Pending	26e. DATE O (Month,	F INJURY Day, Year)	286	INJUR	NY.	WORK	?	□ NO	28d. DES	CRIBE HOW	INJURY O	CCURED	
2 Accident	Investigation	28a DI ACE	OF IN HIE	Y — At home, fr	erm at			- 4[_,	28/ 100	ATION (Street	and Numb	er or Rura	l Route Number,
3 Suicide 6 4 Homicide	Could not be determined	building	, etc. (Spe	icity)	,	set, ractory,	Onice			City	or Town, Stet	9)	07 07 110741	Tioste Transes,
290. CERTIFIER	THEVINO BLOW	SICIAN: To the beat of	d may be	uladaa disat		at the M	alad	vi mi-		a da dha as	una(a) ===4 =		ated	
(Check only														(s) end manner ee stated.
1						, wpill	_							
206. SIGNATURE AND TITL	E OF CERTIFIE	ER	4	-			-	9t. LIC	ENSE NU	MBER		294. 0/	TE SIGNE	D (Month, Day, Year)
VI	4	Cons	m	2				PI	70	27		_ 7	2-4	-9/
30, NAME AND ADDRESS	A PERSON W	NO COMPLETED OF	JSE OF BE	EATH (ITEM 27)	(Typia, Ph	Δ		4.	1	#	1 .	. /	- (
W. B.K/	11/47	MOI	193	SVQ		JUR,	-/	74	6-66	SIM	N. P	de	2(1)	40
31. DATE FILED (Mont), Deg	(Year) [[\$2. REGISTE	HAT TO SHOW	NATURE	1	f - 8	17)	. 1	J	1		98	. /	9.00
11000	JI	Stella	David	son-Rand	600									

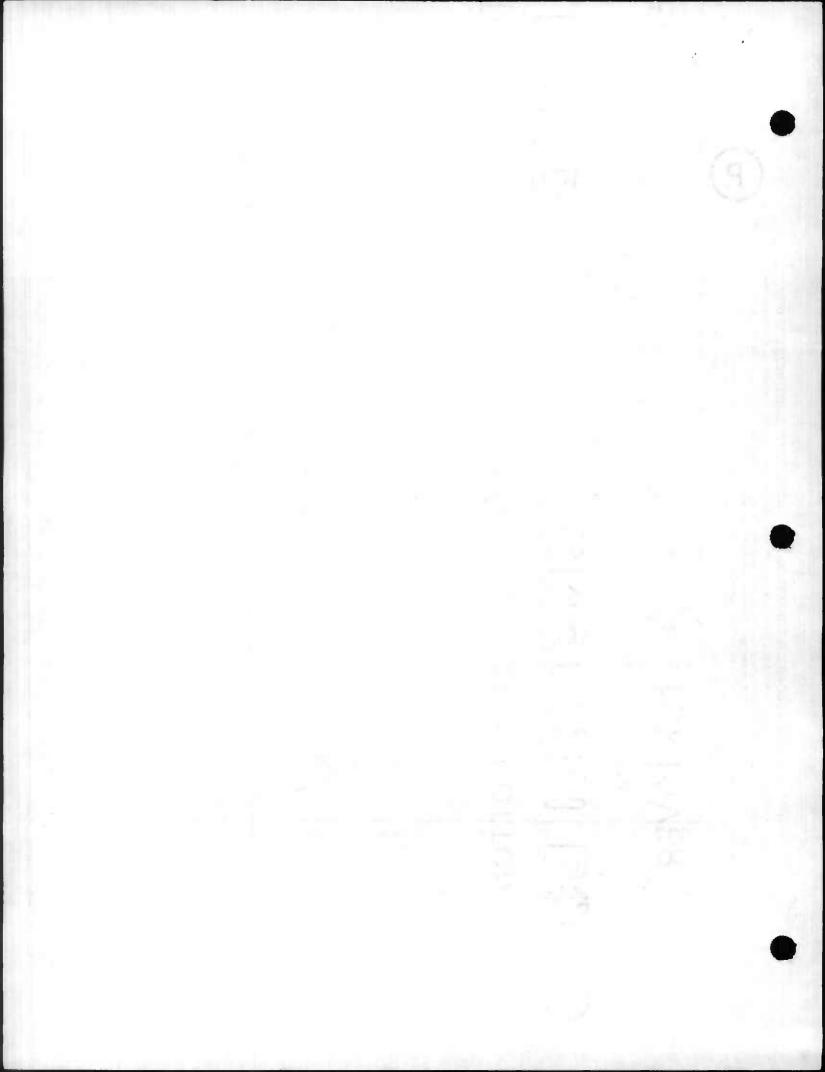


TO BE	TO RE COMPLETED BY PHYSICIAN. MEDICAL CERTIFICATION
i examiner must be notified a	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
me runeral director, page 5 snould oval.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely tilled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunial, cremation, or removal.
er death. Page 6 may be retained by	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by
BALTIMORE, MARY	DIVISION OF VITAL RECORDS, P.O. BOX 68760,
	24

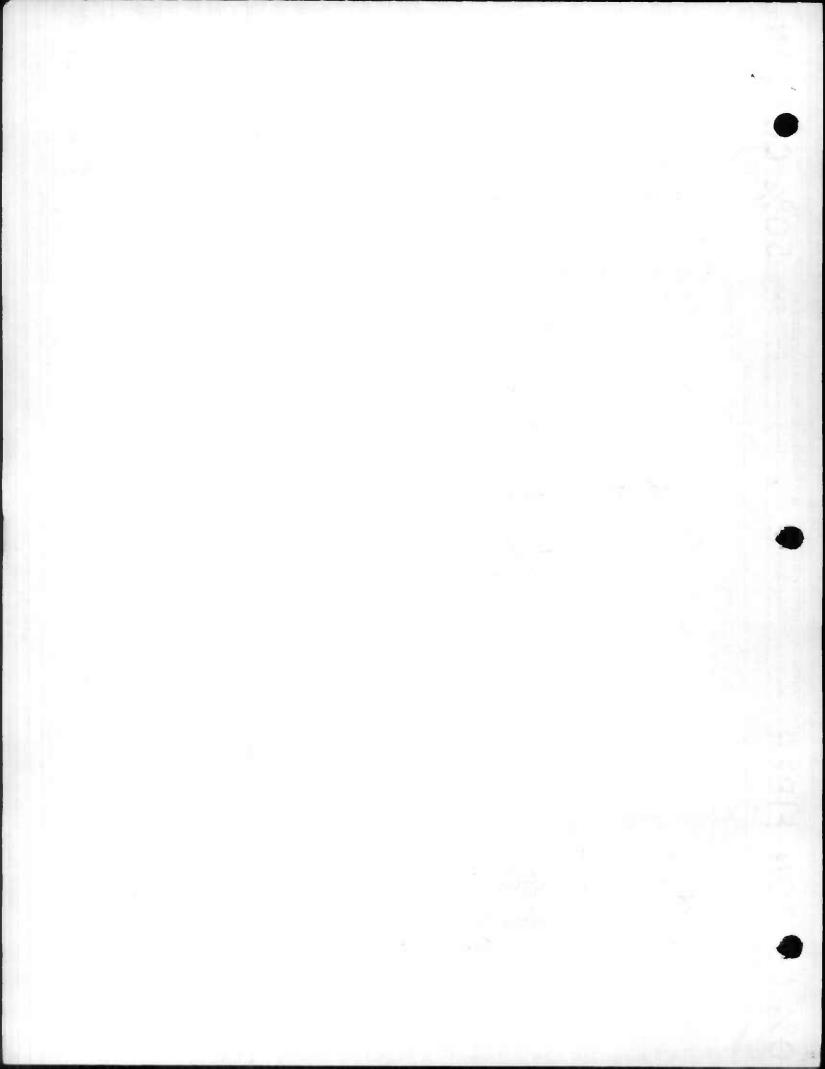
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

		ATE OF DEATH	REG. NO.		
. DECEDENT'S NAME (First, Middle, Last)	34	Too	2, DATE OF CEATH DAY	95AR	3. TIME OF DEATH
Edwin Ellsworth		, Jr.			3:37 P
577 - 44 - 4414 1 1 X M 2 □ F	57 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	Aug 8, 193	3 Wes	st Virginia
Suburban Hospital	•	Bethesda	DEATH	Monto	gomery
oo. STATE 10b. COUNTY Maryland Prince George	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
oo. STREET AND NUMBER 1209 Marton Street		101. ZIP COOE 20707			S.A.
1. MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT OF HISF If yee, specify Cuban, Max 1 YES 2 NO Spe		Bla	CE — American Indian, ack, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Ilfe. Do NOT use i	k done during most of working etired.)		. Gov'a	t - Bureau
7. FATHER'S NAME (First, Middle, Last)	thief of	Division of	Budget NAME (First, Middle, Maiden Su	06	Miners
Edwin Ellsworth Maust	10h MAII NA AI	DORESS (Street and Number or Rur	Catherine E	_	
,				-11	1707
Helen Wilma Maust	20b. PLACE AND DATE O			TION — City or	
□ Burlal 2 A Cremation 3 □ Ramoval from Stata	Metro Creme		- The state of the		2, Marylano
23. PART I. Enter the diseases, or complications that countries shock, or heart fellure. List only one cause of iMMEDIATE CAUSE (Final			Ave. Laurel,	Marylo	Approximats interval Betw
disease or condition					Onset and De
resulting in death) s	Multiple AS A CONSEQUENCE OF):	e Injuries			Onset and D
Sequentially list conditions, if sny, isading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury		e Injuries			Onset and D
Sequentially list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):		In Part I. 24a. WAS AN AL PERFORM	ED?	4b. WERE AUTOPSY FINDH AWILABLE PRIOR TO
Sequentially list conditions, if sny, isading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST PART II. Other significent conditions contributing to deal examiner? B. DUE TO (OR // d	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): th but not resulting in		PERFORM YES 2	ED?	4b. WERE AUTOPSY FINDI AWALABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
Sequentially list conditions, if sny, isading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent conditions contributing to death to the conditions contributing to the	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): th but not resulting in	the underlying ceuse given 26. PLACE OF DEATH OTHER:	PERFORM VES 2 (Check only one) ca 6 Other (Specify)	ED?	COMPLETION OF CAUSE DF DEATH? 1
Sequentially list conditions, if sny, isading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent conditions contributing to death can be considered as a contributing to death can be contributed to	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): Outpatient 3 □ DOA 4 TRY 26b. TIME 27 INJURY 3:00P	28. PLACE OF DEATH: THER: Nursing Home 5 Resident OF 28c. INJURY AT WORK? M 1 YES 2 NO	(Check only one) Ca 6 Other (Specify) 28d. OESCRIBE HOW INJ Driver of a	INO NO UNITY OCCURED AUTO fi	4b. WERE AUTOPSY FINDI ANALIABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 XES 2 NO
Sequentially list conditions, if sny, isading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent conditions contributing to deal examiner? 1 YES 2 NO 1 Inpatiant 2 XERV 1 Notural 5 Pending Investigation 28a. DATE OF INJURY (Month, Dey, 16	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): The but not resulting in Oulpetient 3 □ DOA 4 FRY 28b. TIME: INJURY — At home, farm, str.	28. PLACE OF DEATH 28. PLACE OF DEATH OTHER: Nursing Home 5 Resident OF 28c. INJURY AT WORK? M 1 YES 2 NO net, factory, office	(Check only one) CB 6 Other (Specify) 28d. OESCRIBE HOW INJ	URY OCCURED auto fi	4b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 Dyes 2 No impact. Xed object at Route Number, 2d., Montg.
Sequentially list conditions, if sny, isading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent conditions contributing to death in the injury of the inj	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	26. PLACE OF DEATH THER: Nursing Home 5 Resident WORK? M 1 YES 2 NO set, factory, office at the lime, data and place, and of	(Check only one) 28d. OESCRIBE HOW INJ Driver of a 28f. LOCATION (Street and City or Rown, State) 9604 Colest due to the cause(a) and manner	URY OCCURED auto fi d Number or Rura Ville Rer as stated.	Ab. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TXES 2 NO impact. Xed object al Route Number, Rd., Montg.

32. REGISTRAR'S SIGNATURE



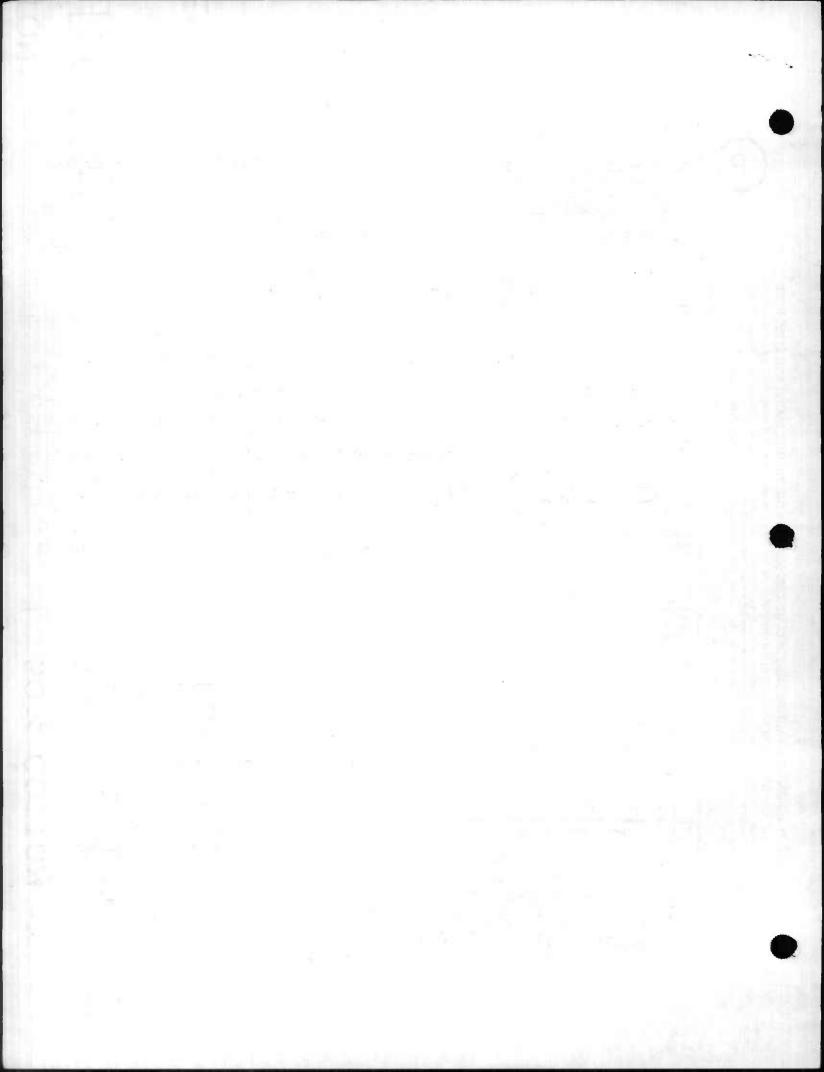
	1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND F DEATH	MENTA	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last))					OF DEATN			. TIME OF DEATN
	MARY ELLEN	MILLER				FEB	RUARY		YEAR 9 9 1	3:20 p M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE	OF BIRTH		S. BIRTHPI	ACE (State or Foreign
	214-28-7403	1 M 2 F	94 YRS.	MONTHS DAY	HOURA MIN.			1896	MAR	YLAND
П	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF			9c. COUN		
R	BLIZZARD'S HO	ME CARE CT	R.	WESTM	INSTER			CAR	ROLL	
DIRECTOR	RESIDENCE OF DECEDENT									
R	10a, STATE 10b, COUN			Y, TOWN OR LO					1.1	0d. INSIDE CITY LIMITS?
	MARYLAND CARR	OLL	TA	NEYTOW						YES 2 NO
BY FUNERAL	100. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
岁	5539 TANEYTOWN				21787			US	A	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER	R IN U.S. ABMED		ECENOENT OF HISPA specify Cuben, Maxic			or No-	14. RACE - Black,	- American Indian, White, atc.
> \	3 X Widowed 4 Divorced	IF YES, GIVE WAR OF			ES 2 NO Spec		,,		Specify:	
	15. DECEDENT'S ED	I I I I I I I I I I I I I I I I I I I	140-050505050					_		ASIAN
COMPLETED	(Specify only highest grad	de completed)	16a. DECEOENT'S (Give kind of	work done during se retired.)	most of working	180	KIND OF BUS	SINESS/INOL	JSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 8+)		area rest.						
M	8th 17. FATHER'S NAME (First, Middle, Last)		FACTOR	Y WORK					ANUF	ACTURER
	JOHN WILLIAM	DENNED			16. MOTHER'S N		Middle, Malden	Surname)	*****	
BE	19a. INFORMANT'S NAME (Type/Print)	RENNER			CATHE				_	NOWN
2		ED 70			et and Number or Rura					
	WILBUR F. MILL				TOWN PI					21787
	20a, METNOD OF DISPOSITION 1 12 Burlal 2 Cremation 3 Re	moval from State	20b. PLACE OF DISPO other place)				20c. LO	CATION C	ity or Town	n, Stata
	4 Donation 8 Other (Specify)		HAUGH'S				LAD	IESB	URG,	MD
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE /			AND ADDRESS OF F					IMORE ST
	7 Kerry	" Judy		SKIL	ES FUNE	RAL	HOME	TANE	YTOW	IN, MD
CERTIFICATION	Sequentisliy list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR A	S A CONSEQUENCE O	age						
8		d								
	PART II. Other significent condition	ons contributing to deeti	h but not resulting	In the underl	ing cause given in	n Part I.	24a. WAS AN			VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							1 TYES 2			COMPLETION OF CAUSE OF DEATH?
Ä								Λ		I _ YES 2 _ NO
-										
IA	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	Check only o	ne)			
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/0	Outpatient 3 DOA	OTHER:	fome 5 - Residence	a 🗆 Othe	er (Specify)			
Ξ	27. MANNER OF DEATH	28a. DATE OF INJUR	RY 28b. TH	ME OF 28c.	INJURY AT		SCRIBE HOW I	NJURY OCC	URED	
4	1 Netural 5 Pending	(Month, Day, Yea	ir) IN	JURY M 1	WORK? YES 2 NO					
ВҰ	2 Accident Investigation 3 Suicide S Could not be	28a. PLACE OF INJU	JRY — At home, farm,	street, factory, o	ffice	28f. LOC	ATION (Street	and Number	or Rural Ro	ute Number,
	4 Homicide determined	building, atc. (5	Specify)			City	or Town, State)			
COMPLETED	29a, CERTIFIER									
MP	(Check only	SICIAN: To the best of my kr								
00	2 MEDICAL EXAMI	NER: On the basis of examina	ation and/or investigati	on, in my opinio	n, death occured at th	he time, dat	and place, ar	id dua to the	cause(a)	and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFI	ER / / / >	/		29c. LICENSE N	UMBER	13	29d. DATE	SIGNED (Month, Day, Year)
TO B	Jahnu /	molle	1		102	49	در۲	2	-18-	91
F	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)						
		ETON, M.D.	1130	C BAL	TIMORE	BLVD	. WES	TMIN	STEF	R, MD 2115
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE							
	FFR 1 9 '91	Sulia Da	vidson Rando	M.						
	2,6	0								DNMN-18 Rev 1/89



TO BE COMPIETED BY CINEBAL

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGIST	RAR S NAME (First, Middle, Last)		CE	:KIII	ICATE	= OF	DEA	IH	2. DATE OF	REG. NO.			3. TIME OF OEATH
MAE	MCNE	ISH							MONTH	I'd	5 19	99I	3:00P M
	CURITY NUMBER 8-8319	5. SEX	3. AGE (In yrs. lesi	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF (Month, D	BIRTH	911	Count	HPLACE (State or Foreign ry) t Virginia
9a. FACILITY	NAME (If not institution, give s JOHNS HOPKI		AL			TOWN	OR LOCATI	ON OF OE	ATH	-	9c. COL	INTY OF C	
RESIDENC	E OF DECEDENT												
THE RESIDENCE 10e. STATE W. VI 10e. STREET / P. 11. MARITAL S	rginia				Shad								10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET	AND NUMBER					10	1. ZIP COD	E			10g. CI1	TIZEN OF 1	WHAT COUNTRY?
P.	0. Box 273						25	918				U	SA
3 X Widowed	TATUS arried 2 Merried 1 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X		1 9	If you, sp		en, Mexica	NC ORIGIN? (n, Puerto Rice y:		or No—	Spec	E — American Indien, k, White, etc. lly: hite
	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL O work done	CCUPATI	ON .		16b. KI	ND OF BUS	SINESS/IN	DUSTRY	
Elementary	/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT u	se retired.)	auring m	ost or work	ng					
		2 yrs.	De	pt.	Head				Mo	ntgo	mery	War	d Co.
	NAME (First, Middle, Last)								ME (First, Mid				
An	drew Allen						_		aret S				
198. INFORMA	NT'S NAME (Type/Print)	7							Route Number,				361 01106
Rober	t McNeish I	V		427	Deac	onbr	ook	Circ.	le H	Reist	erst	own,	Md. 21136
1 🖾 Buriel 2	OF DISPOSITION C Cremation 3 Rem 5 Other (Specify)	oval from State	of cemetary, Sun					k	2/20			City or To	. Virginia
21. SIGNATUR	E OF FUNERAL SERVICE LIC	CENSEE			22.	NAME A	ND ADDRE	ESS OF FA					erstown Rd.
1 1	2. Bris	m Pour	ell		E:	line	Fun	eral	Home				n, Md.21136
disease or resulting in		a. OUE TO (OR AS A CONSEC	Cay QUENCE O	ncen OF):	(Sque	amo	us Ce	ee))		I month
if any, leadi cause. Enta CAUSE (Dis	y list conditions, ing to immediata ir UNDERLYING seeae or injury	c	OR AS A CONSEC										
that initiate resulting in	death) LAST	d		JOENOE (,, ,.								
PART II. On	her significant condition opportunity of the project of the projec		leath but not r	reaulting	In the u	ndariyir	ng cause	given in		4a. WAS AN PERFOR	RMED?	7 241	D. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE	REFERRED TO MEDICAL					28. F	LACE OF	DEATH (Ch	neck only one)	-			F
EXAMINE 1 TYES	R? 2 → NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:			6 Other (Snectfy)			Usa II
25. WAS CASE EXAMINE 1 VES 27. MANNER C	al 5 Pending	26e. DATE OF I (Month, De	NJURY	26b. Til		26c. IN	JURY AT ORK? YES 2		28d. DESCI		NJURY O	CCURED	
2 Accid 3 Suick 4 Homi	de 6 Could not be	28e. PLACE OF building, e	INJURY — At he rc. (Specify)	ome, farm,	street, fac	tory, offi	ce			ION (Street Town, State)		er or Rural	Route Number,
4 Home	y 1 DECERTIFYING PHYS												(s) end menner ee stated.
29b. SIGNATU	RE AND TITLE OF CERTIFIE						29c. LK	CENSE NU	MBER		29d. D/	TE SIGNE	9 (Month, Day, Year)
_	TOWNES	Johns H	lop Kin	S HO	spita	ul	60	10 N	. Wolf	Fe St	. [Salti	more, MD 2120
31. DATE FILE	D (Month, Day, Year)	Johns F	Julia Dav	Helson	Pand	182							977

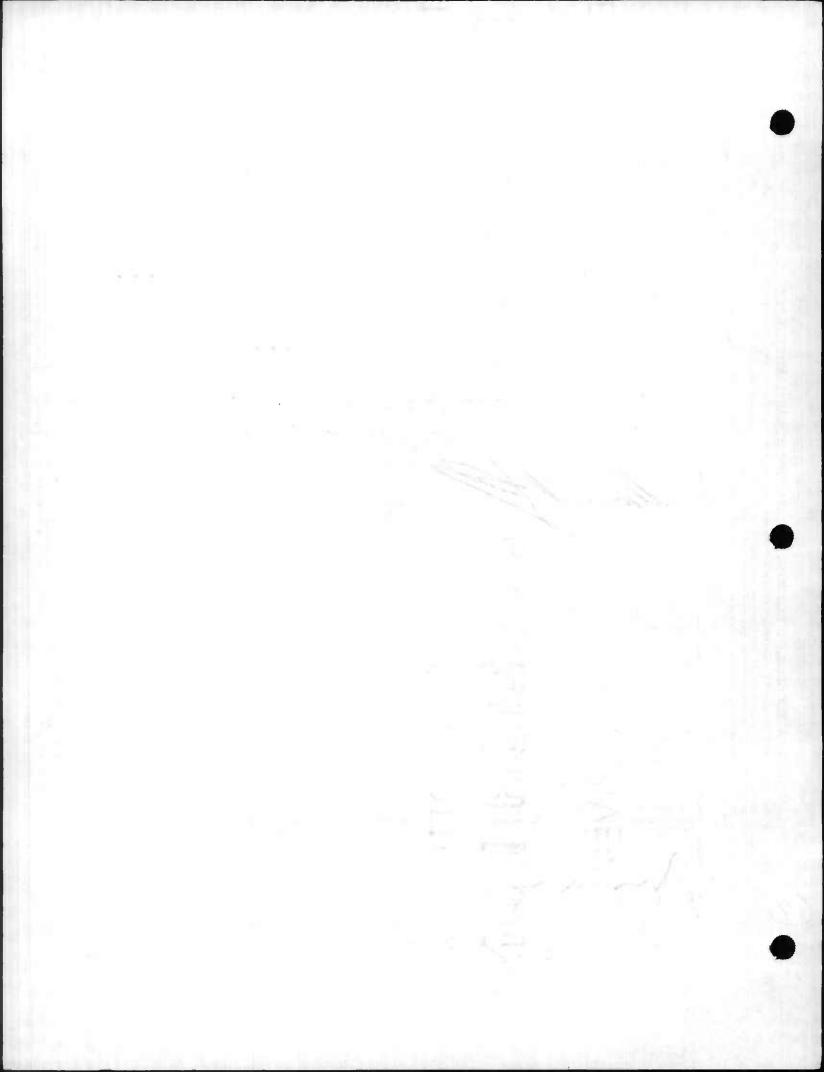


70 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR DECEDENT'S NAME (First, Middle, Last)			ERTIF	/		2. DATE	REG. NO.		3. TIME OF DE	ATH
CHRISTOPHER		ION	M	/ ETHER	NOTIS	MONT		91	AR.	P
I. SOCIAL SECURITY NUMBER		AGE (In yrs. la		IF UNDER	1 YEAR IF UNDER 24 HRS	10.0	OF BIRTH	8. B	IRTHPLACE (State or	
215-19-1814	1 XM 2 - F	18	YRS.	MONTHS	DAYS HOURS MIN	11	18 7		aryland	
De. FACILITY NAME (If not institution, give a	reet and number)		1	9b. CITY,	TOWN OR LOCATION OF	DEATH		9c. COUNTY C		
14000 block Dudle	y Station	Road	_		Upper Marl	boro		Princ	ce George	1 S
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	7	-	10c. CIT	TY, TOWN O	OR LOCATION				10d. INSIDE CI	TY
Maryland Princ	e George'	s /	Uc	per 1	Marlboro				LIMITS?	Z NO
00. STREET AND NUMBER		./		1	101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY	A
5918 Old Croo	m Station	Moad			20772	2		U.S	.A.	
1. MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AT	RMED NO		WAS DECENDENT OF HIS If yes, specify Cuban, Mer			or No- 14. F	RACE — American In Black, White, atc.	dlan,
Never Married 2 Married	IF YES GIVE TO	R OR DATES			TO YES 2 NO Sp		1,000,000		specify: aucasian	
15. DECEDENT'S EDU	CATION	16a. D	ECEDENT'S	S USUAL OC	CCUPATION	160	. KIND OF BUSI			
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(C	Give kind of is. Do NOT u	work done ouse retired.)	during most of working R.S	5.0.	Privat	te Indi	ustry	
4.0.4	1 Semeste:	r Ra	adiol	ogy !	Technician				acar ₁	
7. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First,	Middle, Maiden S	Surname)		
Jon W. Netherton							. Dixo			
9a. INFORMANT'S NAME (Type/Print)		16	9b. MAILING		S (Street and Number or Ru		nber, City or Town	, State, Zip Code	0)	
Jon W. Netherton	<u> </u>	1		_	e as 10 A-I					
to, METHOD OF DISPOSITION Main Burial 2 Cremation 3 Ram Donation 5 Other (Specify)	oval from State	of cometan	v cremator	v or other o	OSITION (Name	DA.		ATION — City of	a all the same	
21. SIGNATURE OF FLOTEBAL SERVICE LIC		Rest	urrec	tion	Cemetery	2 14	911 CI:			
	ENSCE // # -		-	22.1	NAME AND ADDRESS OF	FACILITY				
· //	1/4			22.1	NAME AND ADDRESS OF	FACILITY	Lee Fr	meral Rd Cli	Home, Ir	nc.
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	completions that the only one caus	on each Un	leath. Do	663	NAME AND ADDRESS OF	rander	Lee Forry	Rd Cli	Home, Ir inton, Mo Approxi	meta Between
23. PART I. Enter the diseases, or shock, or heart failure.	a. Multip DUE TO (C	ole Inj or as a conse	leath. Do le. Urie: EOUENCE C	pop.	NAME AND ADDRESS OF	rander	Lee Forry	Rd Cli	Approxi	mata Between
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DHMH-16 Rev 1/89



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

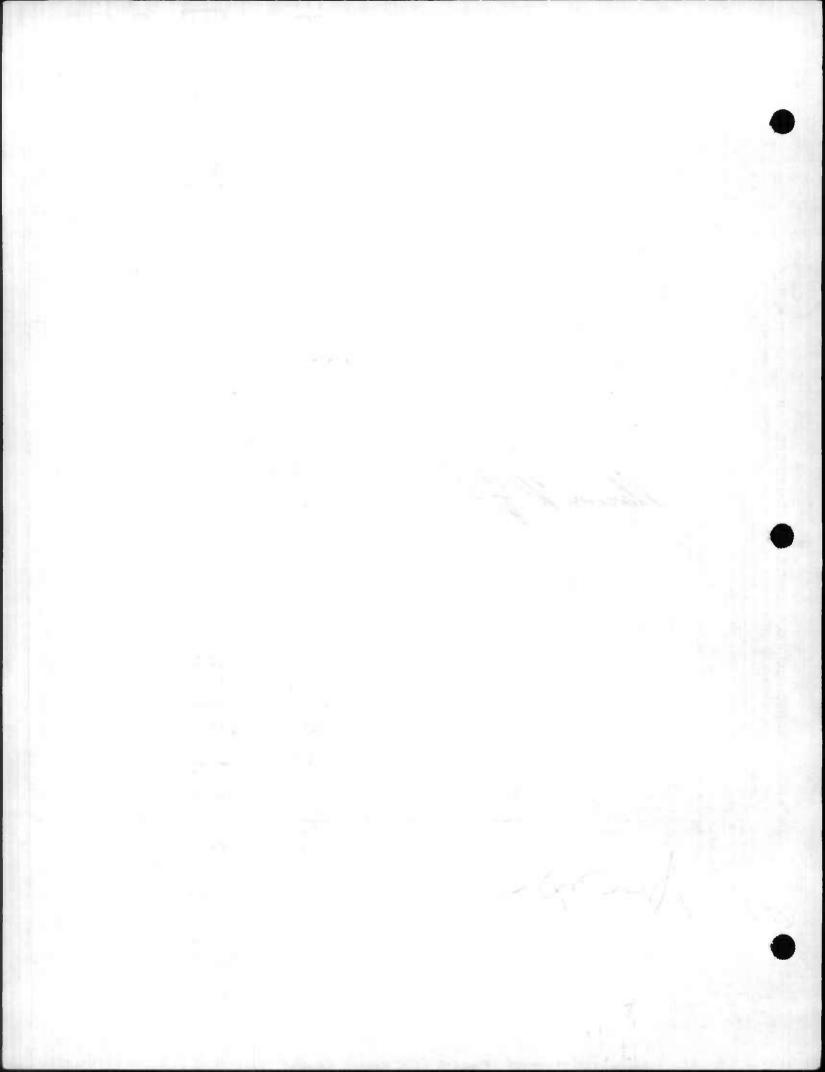
IMPORTANT: It leam 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF			IENE . NO.		
	DECEDENT'S NAME (First, Middle, Last) BRENT	WILLIAM	NI	ETHERTON		2. DATE OF DEA MONTH	DAY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		in yrs. leal birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	N 8	BIRTNPLA	CE (State or Foreign
	212-08-2934	1 N M 2 DE 21 VDE MONTHS DAYS HOURS MIN.					oar)	Country)	
	9a. FACILITY NAME (If not institution, give s	1 08 24 69 Mar						Mary	
œ			3						
2	RESIDENCE OF DECEDENT	14000 block Dudley Station Road Upper Marlboro Prince Ge							eorge's
	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA	TION			100	I, INSIDE CITY
8	Maryland Prin	ce George's	U	pper Mai	lboro			11	LIMITS?
4	10e. STREET AND NUMBER		1	10	of, ZIP CODE		10g. CITIZE		COUNTRY?
FUNERAL DIRECTOR	5918 Old Croom S	tation Road			20772		U.	S.A.	
N I	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	III S ARMED	13 WAS DE	CENDENT OF HISPA	NIC OBIGIN? /Sono			American Indian.
	1 Never Married 2 Merried	FORCES? 1 YES	2/WNO	If yes, s	pecify Cuben, Mexico S 2 NO Speci	an, Puarto Rican, at	ic.)	Bleck, WI	hite, atc.
8⊀	3 Widowed 4 Divorced	IF TES, GIVE WAR OR DA	II ES	I I I YE	S 24 HU Speci	ry:		Specify: Cauca	cian
	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPAT	ION	18b. KIND C	F BUSINESS/INDU		STAIL
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during no se retired.)	ost of working				
7	12	2	Inspec	tor N.	.H. (RSC) Pr:	ivate In	dustr	У
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, A	falden Surname)		
Ö	Jon W. Nethe	rton			Sharo	on L. I	Dixon		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL INC	ADDRESS (Street	and Number or Rural		or Town State 7in (Cordel	
임	Jon W. Netherto	n		me as 10		ricale Hambur, only	or ionii, orang Esp c	,000)	
	20p, METHOD OF DISPOSITION		PLACE AND DAT			DATE 2	Dc. LOCATION — CI	the of Tour	Plate
	1 Donation 5 Other (Specify)	oval from State	emetary, cremator	y or other place)	terv		Clinton		
- 1	21. SIGNATURE OF FUNERAL SERVICE LI		Surrect	22. NAME A	AND ADDRESS OF F	ACILITY Tee	Funera	Hom	e Inc
_	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road								
	Marin	1. +							
	23. PART I. Enter the disease, or	complications that caused List only one cause on ea	the deeth. Do	not enter the m	ode of dying, su	ch ee cerdiec or	respiratory erre	et,	Approximete
	IMMEDIATE CAUSE (Final	List only one couse on en	ech line.						Onset and Death
	disesse or condition resulting in deeth)	Multiple	Injurios	•					
	resulting in deeth)	Multiple Due to (or as a	CONSEQUENCE	OF):					
z		h							
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):		9			
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C							<u> </u>
	thet initieted events	DUE TO (OR AS A	CONSEQUENCE C	OF):					
	resulting in deeth) LAST	d							
	PART II. Other significent condition	ne contributing to death h	ut not requiting	In the condensate	na sausa aluan is	Post I Garage	AS AN AUTOPSY	I aan we	RE AUTOPSY FINDINGS
CAL	PART II. Other significant condition	te contributing to deeth b	at not resulting	in the underlyi	ng causa given in		ERFORMED?	AM	ALABLE PRIOR TO
ă						1XX	YES 2 NO		DEATH?
M	K							13/	YES 2 NO
ä									
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	theck only one)			
Si	1 X YES 2 NO	1 Inpetient 2 ER/Outp	atlant 3 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Residence			2	
=	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c. II	JURY AT	28d. DESCRIBE	HOW INJURY OCC	JRED Dr	iver of
BY F	1 Natural 5 Pending XXXXAccident Investigation	2-9-91	1:5	7 P M 1	YES 2 NO	auto/lo	st contr	ol/fi	xed object
	3 Suicide 8 Could not ba	28e. PLACE OF INJURY building, etc. (Spec	_ At home, ferm,	street, factory, of	ica	281. LOCATION	Street and Number of	or Rural Rout	Numberimpact
回	4 Homicide determined	bullaring, etc. (opec	му)	roadway		Dudley	Station	ploc	lk " Upper
9	29a. CERTIFIER 1 CERTIFYING PNYS	BICIAN: To the best of my know	ladge death occur	ved at the time de	te and place, and du				
COMPLETED	(Check only one) 2 WMEDICAL EXAMIN	ER: On the basis of examination	n and/or investigati	lon. In my opinion.	death occured at th	e time, data and pl	ece, and due to the	P.G.	CO. MD
8	1								
BE	29b. MATURE AND TITLE OF CENTER	X			29c. LICENSE NU				onth, Day, Year)
2	NO. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATAL MT01:	- 5-4-4	OCM	IE		2-10-	9T
	/ \								.04
	Ann M. Dixon, M.			111 Pe	nn Street	t, Balti	more, MD	212	201 vl_
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE DO						
	FEB 14 '91	Julia Davidson	Market						

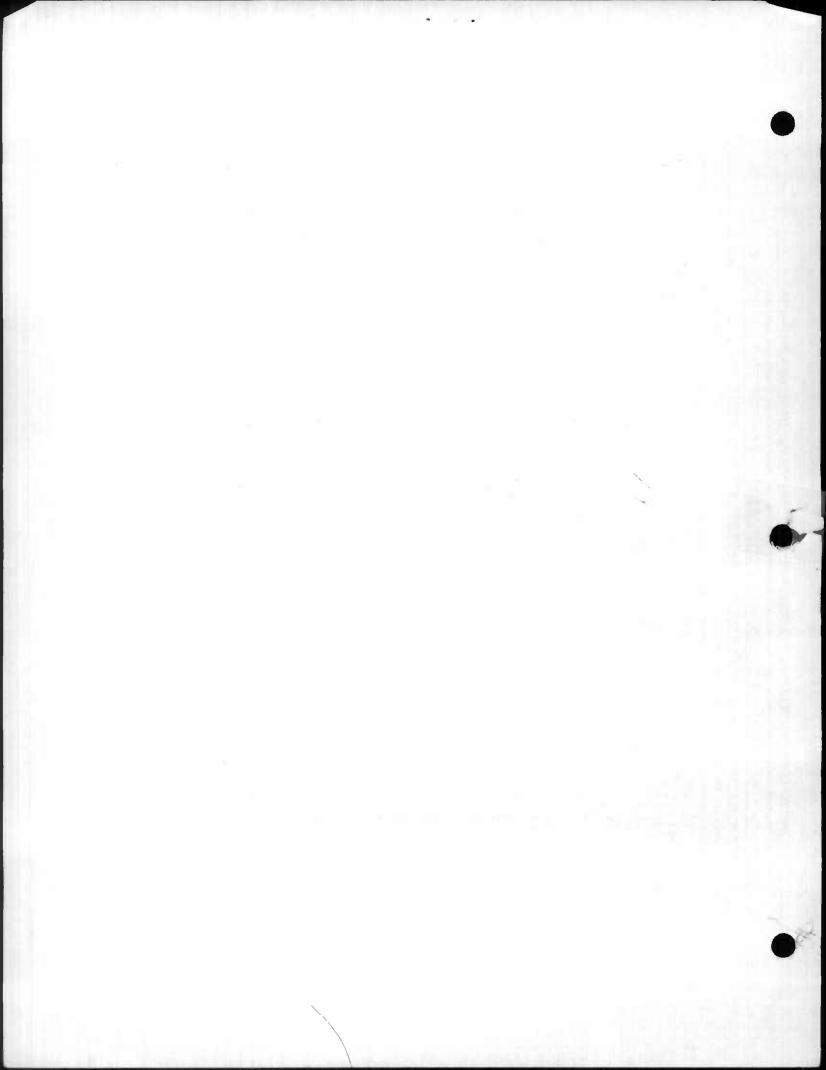
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
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	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMENT O		NTAL HYGIENE REG. NO.	9	1 05298		
	1. DECEDENT'S NAME (First, Middle, Last) E C / A 4. SOCIAL SECURITY NUMBER 1.50-22-8052	6. SEX 6. AGE (In)	7 G-E / Vrs. lest birthday) F UNDER 1 YE VRS. MONTHS DA	AR IF UNDER 24 HRS. 7.	DATE OF DEATH MONTH DAY DATE OF BIRTH (Morth, Day, Year)	-91	3. TIME OF DEATH 509 P N BIRTHPLACE (State or Foreign Country)		
DIRECTOR	9a. FACILITY NAME (II not institution, give in the state of decement to a state of the count to a stat	street and number)	96. CITY, TO	WN DR LOCATION OF GEATH		915 P	e George		
	Maryland Pr:	ince Georges	10c. CITY, TOWN OR L	age City 101. ZIP CODE		10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO 1 OF WHAT COUNTRY?		
BY FUNERAL	4142 Bunker Hill 11. MARHTAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	RD #213 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	21 NO If ye	DECENDENT OF HISPANIC (a, specify Cuben, Mexican, Pr YES 27 NO Specify:			RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 12	CATION o completed) Coffege (1-4 or 5+) 4	6e. DECEDENT'S USUAL OCCU (Give kind of work done durin life. Do NOT use retired.) Manager	PATION g most of working	S&M Gi				
5	17. FATHER'S NAME (First, Middle, Last)		To the second se	18. MOTHER'S NAME (First, Middle, Maiden S	umame)			
BE	Max Jackowski 100. INFORMANT'S NAME (Type/Print)		THE MAILING ADDRESS (C)	Stell reet and Number or Rural Route	la Unk	State 7to Co.	of all		
임	Sharon L. Meier			n_ Station R					
	20a. METHOD OF DISPOSITION 1	noval from State	LACE OF DISPOSITION (Name ther place Cedar Hil	of complete commence or	20e. LOCA Su	ATION City	d, Maryland		
	23. PART I Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only ship cause on each	he death. Do not enter the	ndon Hale F. Lanham, Mary	land 2070	6			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant condition	ns contributing to death but	not resulting in the under	tying cause given in Par		FORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		16. PLACE OF DEATH (Check	only one)				
YSI	1 TES 2 NO	1 Inpatient 2 ER/Outpati		Home 5 ☐ Residence 6 ☐					
ВУ РН	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation								
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify,	At home, farm, street, factory,	office 28	If. LOCATION (Street an City or Town, State)	d Number or	Rural Route Number,		
COMPLETED	and any	ER: On the best of my knowled							
TO BE C	296. SHONATURE AND TITLE OF CENTIFIE	Mayer	MH.	29c. LICENSE NUMBE	R	POL DATE S	G/G/		
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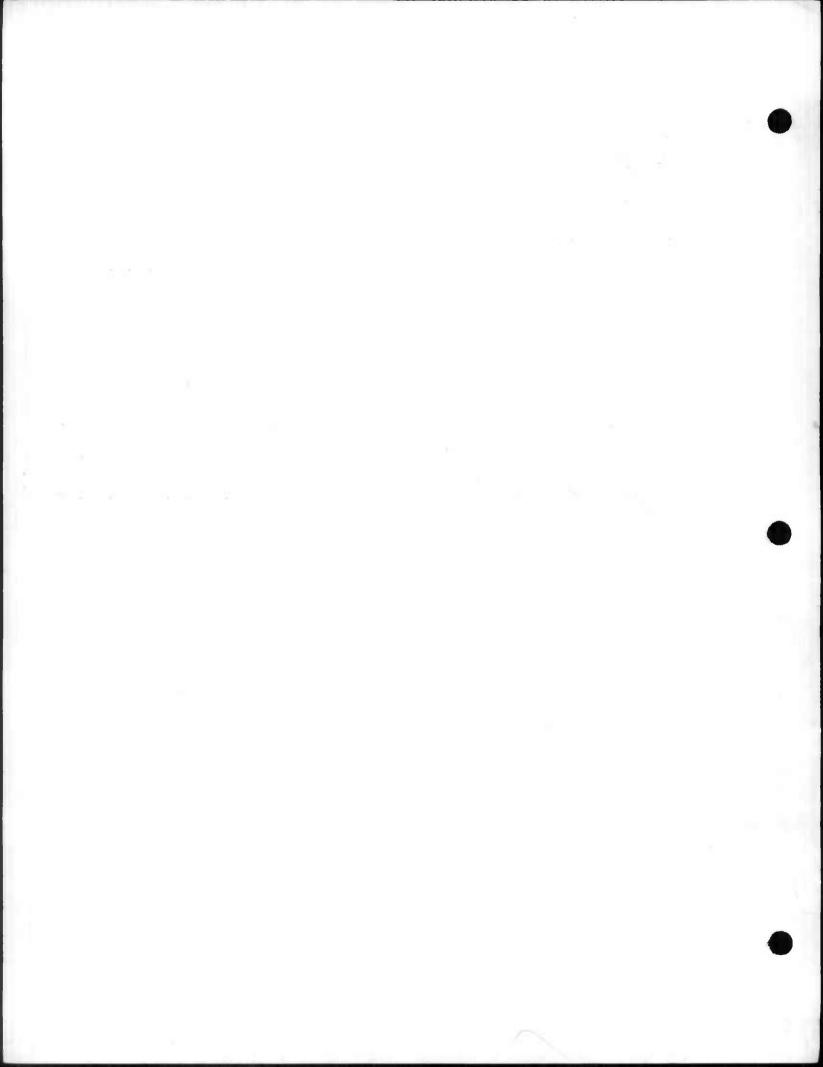
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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NDING PHY	R: After this	or death with	is marked
AL OR ATTE	AL DIRECTOR	2 hours after	if item 28
TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burns	iled within 7	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	2	2	3

FEB 11 '91

1 - FOR STATE REGISTRAR		SIMIE UF WI		D / DEPARTM CERTIFIC		REALTH AND M	REG. NO			
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RESIDENCE OF	DECEDENT	HOSPITAL CITY CITEVE						Prixe	e Georges	
THE SIDENCE OF 10a, STATE Md.	10b. COUNT	Υ		10c. CITY, T	OWN OR LOCA	TION			10d. INSIDE CITY	
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						f. ZIP CODE			OF WHAT COUNTRY?	
5 COO T		. "00"			10					
100. BTREET AND NU 5999 Em	erson S	st. #825				20710		0.8	S.A.	
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			20b. PL			metery, cremetory or		OCATION — City		
204. METHOD OF DIS		noval from State	oth	er place)	•		1			
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BALTIMORE, MARYLAND 21203-3146

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31. DATE FILED (Month, Day, FEB 1

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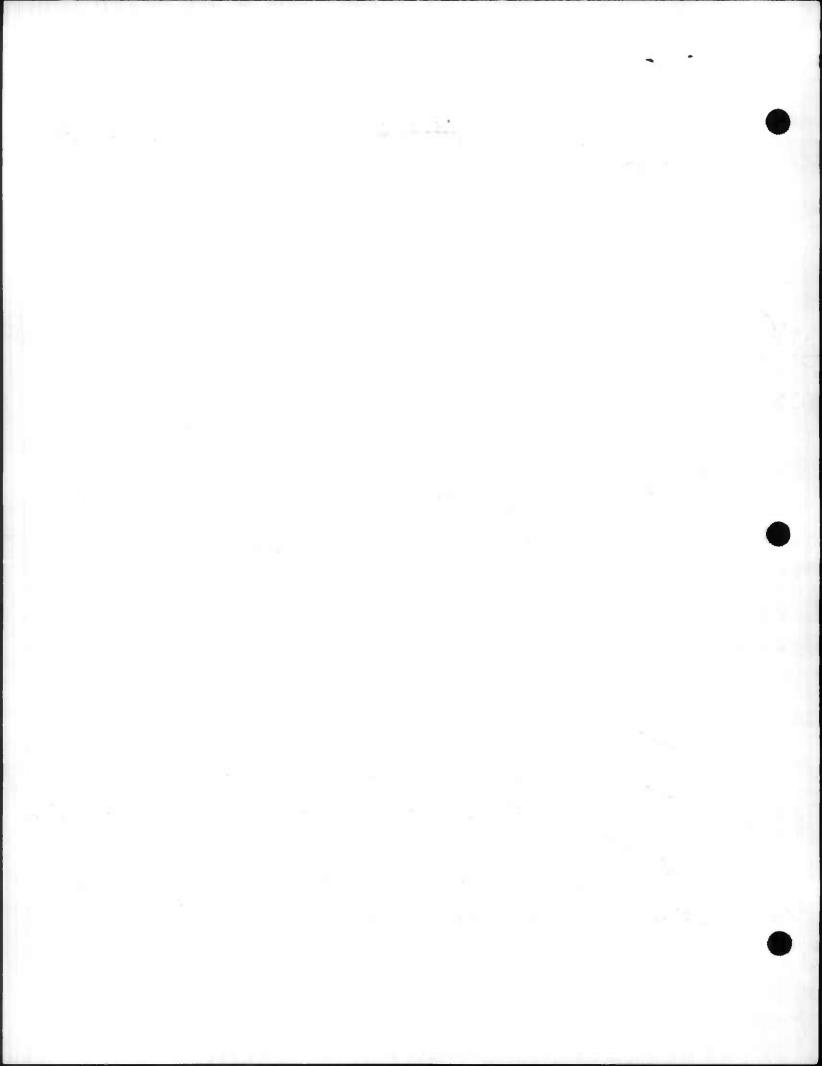
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SE OF DEATN (ITEM 27) (Type, Print)

Lulia Savidson-Randoll

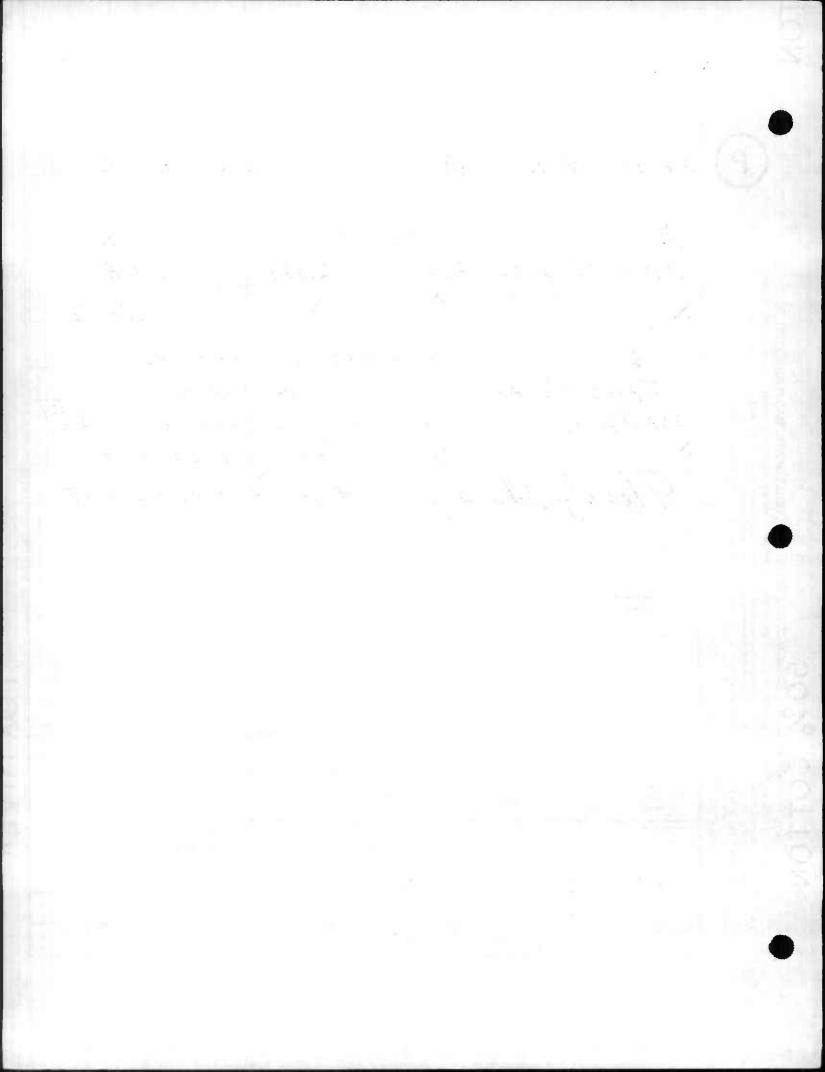
91 05300 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH MONTH - 10 Joe В. Nichols Joseph. 7. DATE OF BIRTH 6. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State of Nov. 12, 1944 Virginia 1 X M 2 F 46 YRS. 214-42-4480 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince Georges General Hospital DIRECTOR Cheverly Prince Georges RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Prince Georges 1 TES 2 NO Morningside FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 4512 Allies Rd. 20746 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Maxican, Puarto Rican, atc.)
1 YES 2 NO Specify: 11 MARITAL STATUS 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced Specify: White BY COMPLETED 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) P.G. County School 8 custodian 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Lawrence B. Nichols Mary Melton 出 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Helen Nichols 4512 Allies Rd. Morningside, MD. 20746 20a. METNOD OF OISPOSITION
1 💢 Burlal 2 □ Cremation 3 □ 1 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Washington 4 Donation 5 Other (Specify) National Cemetery2/15/91 Suitland, MD, MATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4308 Suitland Rd. Robert E. Wilhelm, Inc. Suitland, 21 PART Enter the dispasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each lina. 20746 Interval Between Onset and Daeth IMMEDIATE CAUSE (Final Sunshet wound to the head disease or condition _____ CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 T YES 2 SLINE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINENT etlent 2 - ER/Outpetlent 3 - DOA 5 C Residence 5 C Other (Specify 27, MANNER OF DEATH 26s. DATE OF INJURY 286, INJURY AT WORK? 28b. TIME OF ronth, gan vogo, WORK? 1 Natural 5 Pending BY 2 Accident Investigation 28s. PLACE OF INJURY - At home. 3 La Sulcide COMPLETED 6 Could not be Rd, 100 Maz 074 mome, 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my 2 MEDICAL EXAMINER: On the basis of axe 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month. Day Year) LICENSE NUMBER

ONMH-16 Rev 1/89



	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENI
	CERTIFICATE OF DEATH		REG. NO.
_		2 DATE O	E DEATH

	1 - STATE REGISTRAR			CERTIFICAT	E OF DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle			J.	Nowak	MONT		YEAR	
4	4. SOCIAL SECURITY NUMBER	aniel 5. SEX	6. AGE (In yrs.		DER 1 YEAR IF UNDER 24 HR	S 7 DATE	-8-91 OF BIRTH	I 6. BIR	8:54AM
	216-40-22	98 1XM2	149	YRS. MONTH	B DAYS HOURS MIN	. Mont	27-19	4/ Con	Mys.
œ	98. FACILITY NAME (If not institution 1010 S. Kenw		*	.9b. Ci	TY, TOWN OR LOCATION OF Baltimore		90	. COUNTY OF	DEATH
СТО	RESIDENCE OF DECEDE		E		Barchiore	CICY			
DIRE	10a. STATE 10b.	COUNTY		127	N OR LOCATION				10d. INSIDE CITY LIMITS?
	10a STREET AND NUMBER			DAL	101, ZIP CODE		Lan	- CITIZEN O	1 YES 2 NO
FUNERAL		ENWOO	A AL	E.	7/22	nd .		19.5	S.A.
S	11. MARITAL STATUS	12. WAS DEC	CEDENT EVER IN U.S.		3. WAS DECENDENT OF HIS			10 14. RA	ACE - American Indian, lack, White, etc.
BY F	1 Never Married 2 Marrie 3 Wildowed 4 Divorced		GIVE WAR OR DATES		If yes, specify Cuban, Me 1 TES 2 NO St	pecify:	Hican, atc.)	Sp	poolly: // To
ED E	15. DECEDEN	T'S EDUCATION	16a.	. DECEDENT'S USUAL	OCCUPATION	168	. KIND OF BUSINE	SS/INDUSTRY	MILE
ET	(Specify only high Elementary/Secondary (0-12)	est grade completed) College (1-4	l or 5+)	(Give kind of work do. Ille. Do NOT use retire	ne during most of working		11		
MPL	6			TOUSEK	EEDING		40Spi	TAL	
COMP	17. FATHER'S NAME (First, Middle,	Last)	V		18. MOTHER'S	S NAME (First,	Middle, Maiden Sum	ame)	
BE	198, INFORMANT'S NAME (Typo/Pr	NowA	· K	401- 14411 1110-4000	=V	A 1'1	ARSKI	7/2 Octob	
10	EVA MARS	V:		19B. MAILING ADDR	FRR (Street and Number or Ri	· S	25 S. A	ete Zip Code)	11111
	20a, METHOD OF DISPOSITION		20b. PL/	ACE AND DATE OF D	SPOSITION (Mayne	DAT	TE 20c. LOCATI		Town, State
	1 DCBuriel 2 Cremation 3 4 Donation 5 Other (Spec		of center	AK CAW	EM.	2-11	91 BA	4.70	.60.
	21. SIGNATUME OF FUNERAL SEP	RVICE LICENSEE	11 0	1	2. NAME AND ADDRESS O	F FACILITY			1.00
	Home	y ex	Ende	1.	SKARDA	Felt.	2829	HUD	SON ST.
	23. PART I. Enter the disease	os or complication	a that caused the	daeth. Do not an	ter the mode of dying,	such aa car	diac or reapirate	ory arreat,	Approximate
	ahock, or haart feffure. List only one cause on sach line. Interval Between the cause of the cau								
	disease or condition Arteriosclerotic cardiovascular disease a. Arteriosclerotic cardiovascular disease								Ollege and Doub
		8			ardiovascul	ar dis	sease		Onest and Doub
		8	AFTEF1OSC UE TO (OR AS A COM		ardiovascul	ar dis	sease	+	Onest and bear
NOI	resulting in death) Sequentially list conditions,	b		NSEQUENCE OF);	ardiovascul	ar dis	sease		Check and Doub
CATION	resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	b	UE TO (OR AS A CON	NSEQUENCE OF);	ardiovascul	ar dis	sease		
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RTIFI	resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	8	UE TO (OR AS A CON	NSEQUENCE OF):	ardiovascul	ar dis	sease		
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3. TIME OF DEATH

Am

REG. NO.

2. DATE OF DEATH MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

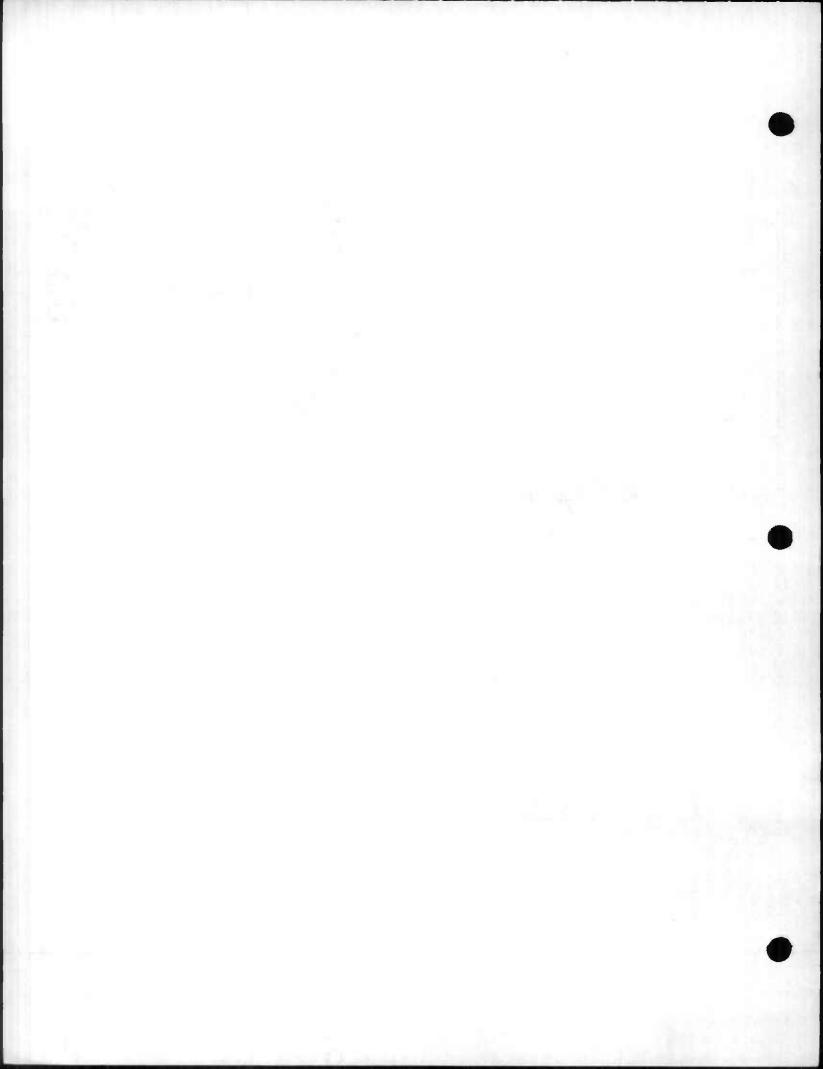
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RE 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. EASTOVER S.C. DAYS HOURS 1 X M 2 F 248 20 0506-A 70 YRS. MAY 9 1920 2, 3 should 9c, COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SUBURBAN HOSPITAL BETHESDA MONTGOMERY DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 16b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE MARYLAND 1 X YES 2 NO MONTGOMERY SILVER SPRING 10g, CITIZEN OF WHAT COUNTRY? FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 20902 UNITED STATES 10921 INWOOD AVE #130 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO 14. RACE — American Indian, Black, White, atc. FORCES? 12 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BLACK BY the 3 Midowed 4 Divorced use as 18a. DECEDENT'S USUAL OCCUPATION
(Give land of work done during most of working
life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached for COOK FEDERAL GOVERNMENT once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Sumame) JERRY OREE ROSA JOHNSON notified at 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 3919 HAMPDEN ST KENSINGTON MD 20895 REATHA E HARRISON 96 20a. METHOD OF DISPOSITION
1 Ø Buriel 2 Cremetton 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or must director, HARMONY MEMORIAL PARK LANDOVER MD 4 ☐ Donation 5 ☐ Other (Specify) 21, SIGNATURE OF UNERAL PERVISE LICENSEE medical examiner 22. ALEXANDER S POPE FUNERAL HOME-859 the funeral 2617 PA AVE SE WASH DC filled in by the fon, or removal. 23. PART 1. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final cremation. the disease or condition Iweek completely resulting in death) traumatic event. burial. wones CERTIFICATION and Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): prior to attending physiclan cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE DF): that initiated events resulting in death) LAST 6 been signed by the atter Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS the th MEDICAL PERFDAMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE any Δ 1 TIVES 2 | NO requires Shows 1 TYES 2 ND PHYSICIAN: has by Dept. The law 23 25, WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item this certificate h OTHER: 1 Department 2 ER/Outpetient 3 DOA OR ATTENDING PHYSICIAN: 1 YES 2 -NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 6 28a. DATE OF INJURY 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED marked, 1 1 Netteral 5 Pending M 1 YES 2 ND ВУ After 1 death Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide E FUNERAL DIRECTOR; A within 72 hours after de RTANT; If Item 28 Is 6 Could not be determined -00 ETED. 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL HOSPITAL TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER CERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30, NAME AND ADDRESS OF 2 10400 erem 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE '91 Savidson Panders

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SR



TO BE COMPLETED BY FUNERAL DIRECTOR

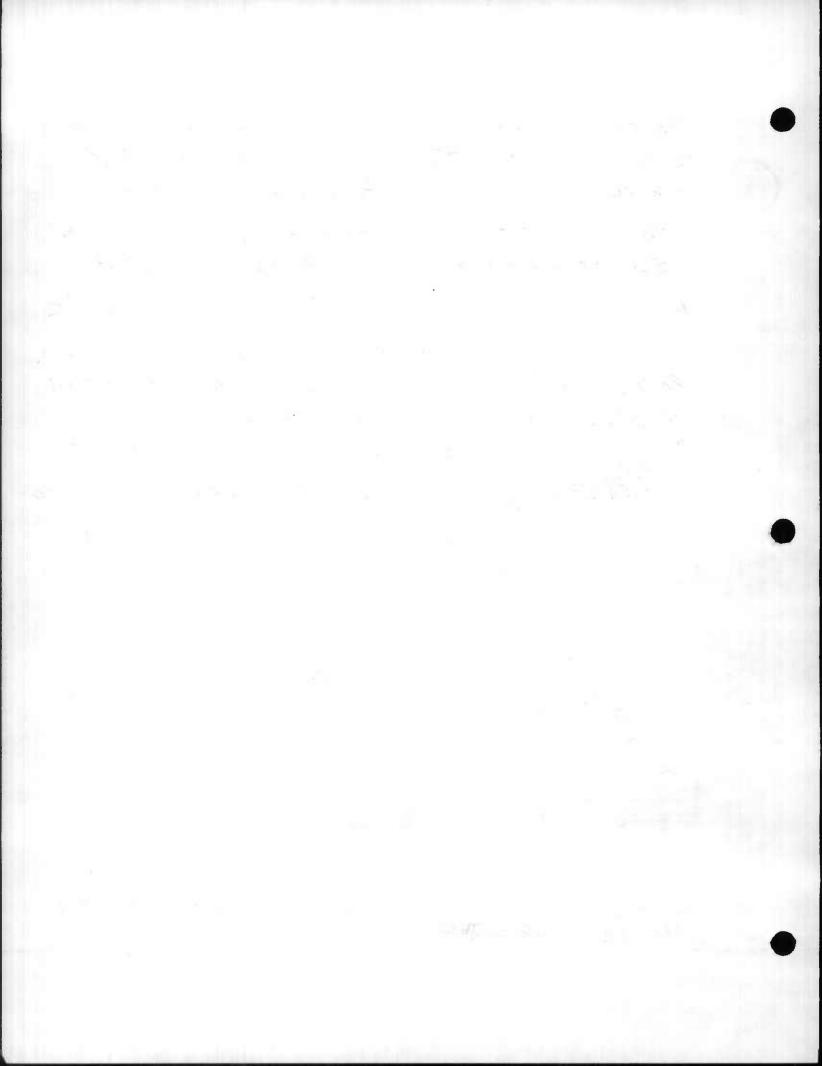
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

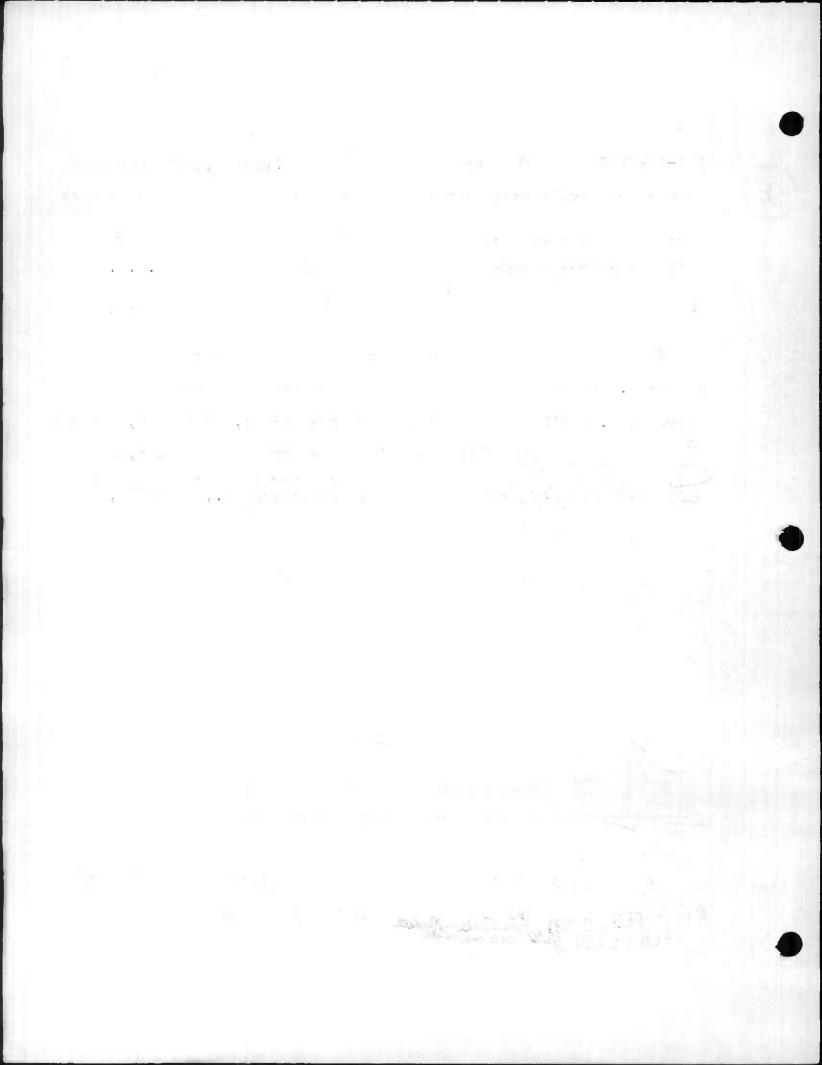
FOR

1 - STATE REGISTRAR	SINIE OF MANILA		ICATE OF		REG. N	10.		
1. DECEDENT'S NAME (First, Middle, Last)	V-~				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	KERS 8. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	9	911	IPLACE (State or Foreign
	□ H 2 F	77 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year, 03-17-	13	Count	
9a. FACILITY NAME (If not institution, give street	t and number)		96, CITY, TOWN	OR LOCATION-OF DI			UNTY OF DI	EATH
A.A.mc.			ANA	vapol 15		1	T.A	* *
10a. STATE 10b. COUNTY	2	10c. CIT	Y, TOWN OR LOC	ATION ,			T	10d. INSIDE CITY
MO	AA		AR	Nold				LIMITS?
10a. STREET AND NUMBER			1	of. ZIP CODE		10g. CI	TIZEN OF W	VHAT COUNTRY?
501 Norto	2. WAS DECEDENT EVER IN	U.S. ADUED	40 1110 11	2101	NIC ORIGIN? (Specify	M N.	02	E — American Indian,
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes,		an, Puerto Alcan, atc.)		Black	k, White, atc.
Wildowed 4 Divorced	2002 2000		<u> </u>				1 0	while
15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done during i	TION nost of working	16b. KIND OF	BUSINESS/II	NDUSTRY	1 0
Elamentary/Secondery (0-12)	Collega (1-4 or 5 +)	Sec	reter	V	With	eva	nC	hund
17. FATHER'S NAME (First, Middle, Last)	1 1			18. MOTHER'S NA	ME (First, Middle, Main	den Surname		
Phillip EDer	neva			E110	zupe//	1 51	ein	mana
19a. INFORMANT'S NAME (Type/Print)	100	19b. MAILING	ADDRESS (Stree	and Number or Rural	Route Number, City or	Town, State, 2	Zip Code)	
20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOS	SITION (Name of o	emetery, crematory or	20g,	LOCATION -	- City or To	own, State
1 Suriat 2 Cremation 3 Remove 4 Donatton 5 Other (Specify)		Un 4/	aur	Cen	. /	310	nx	NY
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /		22. NAME	AND ADDRESS OF FA	ACILITY	,	2	
· 1011->=	1/		BA	RRANC	o sec	1- M	CM	021146
23. PART I. Enter the diseases, or cor ehock, or heert fellure. List	implications that caused it only one couse on ea	the death. Do not line.	not enter the n	node of dying, suc	ch es cerdlec or re	epiratory e	errest,	Approximete Interval Between
IMMEDIATE CAUSE (Final disease or condition	Care		1 Q. EH	2				Onset and Death
resulting in death) e.	DUE TO (OR AS A	consequence o		una				News
	ASCR	7)						Cleron
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):					
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):					-
resulting in death) LAST								
PART II. Other eignificant conditions	contributing to death bu	it not resulting	In the underly	ng çause given in		AN AUTOPS	Y 24b	. WERE AUTOPSY FINDINGS
Churie	Obstwell	we to	lanny	do'	PER	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Aneuvo			0			10.6		OF DEATH?
Agoteur	a a							
	HOSPITAL:		OTHER:	PLACE OF DEATH (C				
1 YES 2 NO	28a. DATE OF INJURY	28b. TIN	ME OF 28c, 1	NJURY AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY C	CCURED	
1 Pending Investigation	(Month, Day, Year)	IN.		YES 2 NO				
3 Suicide 6 Could not be	28a. PLACE OF tNJURY butlding, etc. (Speci	— At home, farm,	street, factory, of	lice	26t. LOCATION (Str. City or Town, S	eet and Numi	ber or Rural I	Route Number,
4 Homicide determined								
(Check only	AN: To the best of my knowle On the basis of examination							(a) and manner as stated
296. SIGNATURE AND TITLE OF CENTIFIER			and obuida	29c. LICENSE NU				O (Morph, Day, Year)
Marin	N H	1		123-	142	•	2/1	091
S. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (TEM 27) (Type	r, Princi	100	4 4 .	1	0 11	1200
J. JAUL KRIM	(W) , OU.	25	JEHA	W J/	ANNAT	OLL	, MI	1) 2140/
FEB 1 2 1991 Juli	Davidson-Rand	以处						



DIVISION OF VITAL RECORDS, P.O. BOX 13146, CSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24th UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled thin 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or ANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the name.	BALTIMORE, MARYLAND	ours after death. Page 6 may be retained by the hosp	In by the funeral director, page 5 should be detache or removal.	nedical examiner must be notified at once.
THE H fled w		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he filed within 72 hours after death with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

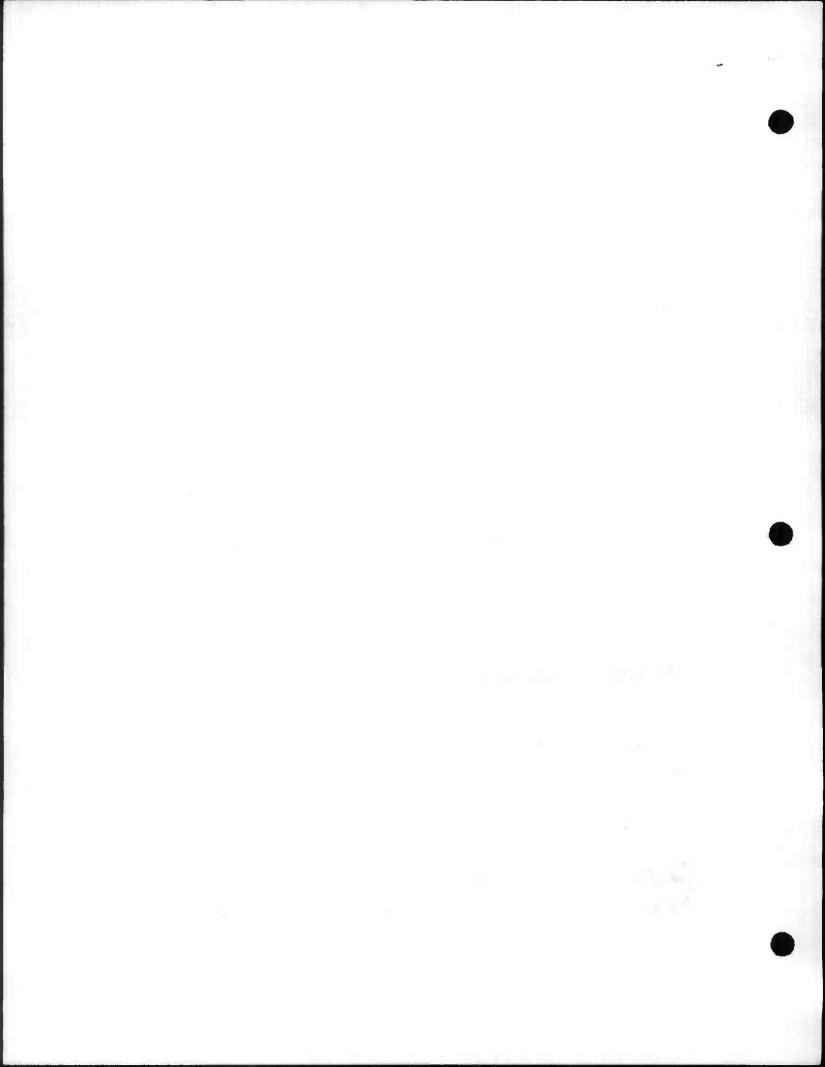
	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				YGIENE REG. NO.			0004
	1. DECEDENT'S NAME (First, Middle, Lest) ###################################	. OWER	US			2. DATE OF MONTH	DEATH DAY	- '9"		ME OF DEATH
	213-74-0773						ny. Year) 26.18		Mar	e (State or Foreign
CTOR	Annapolis Conva		enter	Anna	polis	2416			ne A	rundel
FUNERAL DIRECTOR	Maryland Anne	Arundel		own or Locat			1 10	og. CITIZEN	1 🗵	INSIDE CITY LIMITS? YES 2 NO
VERA	211 McKendree	Avenue			21401			U.	S.A	•
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spi	ENDENT OF HISPAN Icity Cuban, Mexica 2 NO Specify	n, Puerto Rica			RACE — A Black, Whi Specify: Thit.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5+)	16a, DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATIO done during mo- tired.)	N st of working	15b. Ki	ND OF BUSINE			
M M	8		Homemal	ker			Home			
8	17. FATHER'S NAME (First, Middle, Lest) Thomas E. Dawso	m			18. MOTHER'S NA	-11	te, Maiden Sun lins c	,		
BE	19e, INFORMANT'S NAME (Type/Print)	11	19b, MAILING AD	DRESS (Street s	nd Number or Rural I				(a)	
2	Dorothy O. Bas	i]								21401
	20s. METHOD OF DISPOSITION 1	al from State	PLACE OF DISPOSITION Other place) YO Memoria	ON (Name of cen	netery, cremetory or		Edge	ION — City	or Town, S	itale
	STONATURE OF FUNERAL SERVICE LICE		, y = = 0.110 .	22. NAME AN	or Fune	CILITY			21	
-	23. PART I. Enter the diseases, or co	lyTu		147	louces	ter S	t.Ar	napo	lis	
	shock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one couse on ea	och line.	enter the mo	de of dying, auc	n ss cerdia	or respirat	ory strest,		Approximate Interval Between Onset and Death
N	Sequentially list conditions, 6.	alspec	CONSEQUENCE OF:	De	ione					
CERTIFICATION	if sny, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events		CONSEQUENCE OF):	ASSOCIATION OF CO.					i	
ERTI	resulting in death) LAST	247 473 65341								
MEDICAL	PART II. Other significant conditions	contributing to death be	ut not resulting in t	he underlyin	g cause given in		PERFORME	PRMED? AMULABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN:	or was over percents to medical									
SC		HOSPITAL:		THER	ACE OF DEATH (Ch		Carlo.			
H	27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	25b, TIME O	F 28c, INJ			Specify) NBE HOW INJU	JRY OCCUR	ED	
ВУ Р	1 National 5 Pending	(Month, Day, Year)	INJUR		YES 2 NO					
	2 Accident irresugatori 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre- lfy)	et, factory, offic	•		ON (Street and Town, State)	Number or I	Rurel Floute	Number,
COMPLETED	anal anny	AN: To the best of my knowl							euse(s) end	I manner es stated.
BE C	296. SIGNATURE AND TITLE OF CENTERIOR	- er	2		29c. LICENSE NU	MBER	2	9d. DATE SI	GNED (Mor	nth. Day, Year)
TO E	SO, NAME AND ADDRESS OF PERSON MHO	COMPLETED CAUSE OF DE	ATH (ITEM 27ar loss Pri	int)	018	70		ス・	-0-	7/
	600 Kinger Ava	Se. 31	Ann	apple	3,40	21.	401			
	FEB 1 2 1991	Field Davidson	Charles							



TO BE COMPLETED BY FUNERAL DIRECTOR

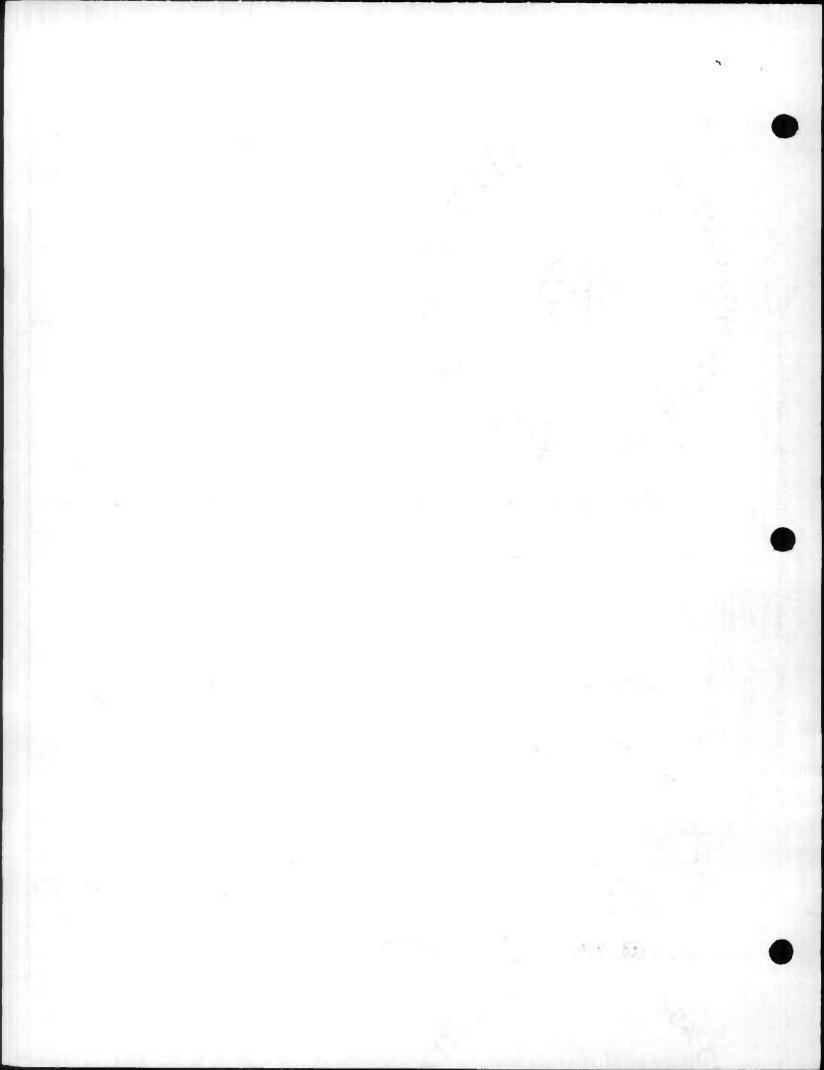
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Las	1 1			2. 10	2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	1010 O C	Onnor		IF UNDER 24 HRS.	52 12 7. DATE OF BIRTH	91	RTHPLACE (State or Foreign
215-54-2150	1 M 2 M F 90	100	HUNDER 1 YEAR	HOURE MIN.	(Month, Day, Year)	Co	Maryland
9a. FACILITY NAME (If not institution, gly	street and number)	91	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY C	
RESIDENCE OF DECEDENT	rial Hozbit	al	HOULE	5 97 79 3		MOLI	rold
10a. STATE 10b. COUP			OWN OR LOCAT	17.75			tod. INSIDE CITY LIMITS?
	ford	Chu	rchvill			Description of the second	1 - YES 2 X NO
3153 Aldino	Road		101.	21028		U.S	OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED		ENDENT OF HISPAN	IC ORIGIN? (Specify Yea		AACE — American Indian, Black, White, atc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			2 X NO Specify.	n, Puarto Rican, etc.)	S	Specify: hite
15. DECEDENT'S El (Specify only highest gra		16a. DECEDENT'S US	k done during mo-		18b. KIND OF BUS		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n	etired.)	, or working	T . II		
17. FATHER'S NAME (First, Middle, Last)	. 0	Homemak	er	18. MOTHER'S NAI	In Hon		
Beaureguard	Sears				Bell Nicho	,	
19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Town		·
Beverly J. Tr		3153 A			urchville,	MD 2	
1 XBurial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from Stata	other place) Moreland				timore	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AN	D ADDRESS OF FAC	CILITY		,
· Lary 2	Vi Diova	nni	Abe	rdeen, M	go Funeral aryland 2	21001-3	399
23. PART I. Enter the diseases, of shock, or heart fallur	or complications that cause e. List only one cause on a		anter the mo	de of dying, auci	n as cerdiec or respi	ratory arrest,	Approximata Interval Between
IMMEDIATE CAUSE (Final disessa or condition	CHENE	DDA IA	CILLA	10 AT	CIDENT	CST	Onset and Death
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):			CIDENT	()	TIC)
Sequentially list conditions,	- ARTI	=12105C	IERO.	515			
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS /	CONSEQUENCE OF):					
CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):					
reaulting in deeth) LAST	d						
PART II. Other significant condit		out not resulting in	the underlying	g cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
1) (Nhilis	mulufus				1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?
					-		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		
EXAMINER?	1 Propertient 2 ER/Out	patient 3 DOA 4	OTHER:	e 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (TY WC	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	ED
Accident Investigation 3 Suicide a Could not	28e. PLACE OF INJUR	/ At home, farm, str			28f. LOCATION (Street	and Number or R	urel Route Number,
4 Homicide determined		icify)			City or Town, State)		
(Critick Orlly	YSICIAN: To the best of my know						
	INER: On the beals of exemination	on and/or investigation,	In my opinion, o	leath occured at the	time, data and place, ar	nd dua to the ca	use(a) and manner as stated.
		· · · · · · · · · · · · · · · · · · ·					
200 SIGNATURE AND TITLE OF CERTI	rich This			DOTIONSE NUI	MBER LIL	29d. DATE SIG	SNED (Month, Day, Year)
	who completed cause of di	EATH (ITEM 27) (Type, P	trint)	P6760	44	1 2	lerial
280 SIGNATURE AND TITLE OF CERTIF	nehomo		rine) Red	P6760	HY HY E, Md	1 2	lerial



ift. Pages 1, 2, 3 should

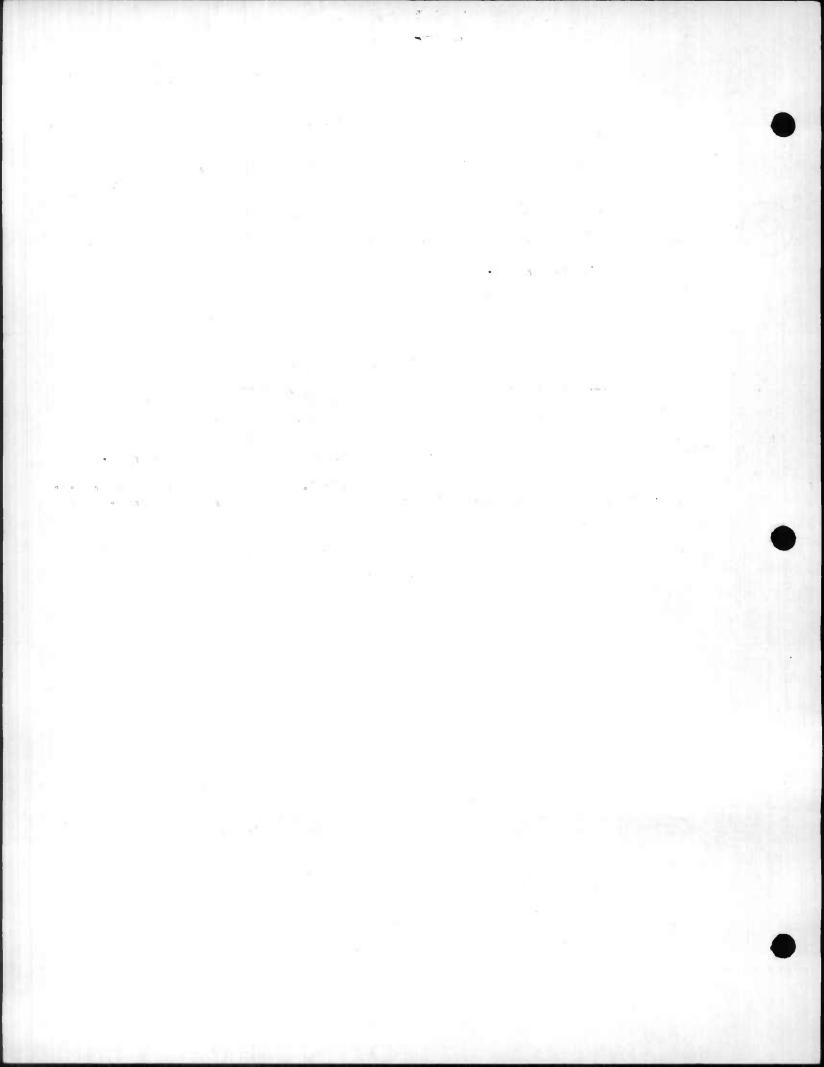
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest) Betty	Posey	Polley			DATE OF DEATH DAY	199		
must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER/ 579-12-57/73	1 □ M 2 1 F 69	9 YRS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	. DATE OF BIRTN (Month, Day, Year) 03/10/19	21 W	errnplace (State or Foreign ountry) ashington, Do	
	Physicans Memorial Hospital RESIDENCE OF DECEDENT Physicans Memorial Hospital La Plata 9c. COUNTY OF DEATH Charles								
	10e. STATE 10b. COUNTY 10c. CITY, T				own on Location dian Head			10d. INSIDE CITY LIMITS? 1 TY YES 2 NO	
	10. STREET AND NUMBER 10 Prospect Street				101. ZIP CODE 2 0 6 4 0			109. CITIZEN OF WHAT COUNTRY? U.S.A.	
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee If yes, apecify Cuban, Mexican, Puerto Rican, etc.) 1 YES NO Specify:					
	15 DECEDENT'S EDUCATION 180 DECEDENT'S			ork done during most of working patired.)			BUSINESS/INDUSTRY		
	1 17. FATHER'S NAME (First, Middle, Last) Washington Irving			aker	16. MOTNER'S NAME (First, Middle, Melden Surneme) Susie Inez Morgan				
	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) Richard Polley 10 Prospect Street, Indian Head, Md20640								
	20e. METNOD OF DISPOSITION 1 Burles 2 Gremation 3 Removal from State 4 Donetton 5 Other (Specify)								
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Arehart Funeral Home, Inc. P.O. Box 567. La Plata Md. 20646								
marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COM	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, and proximate interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):								
	cause. Charar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Other algnificent conditions contributing to death but not resulting in the underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying							COMPLETION OF CAUSE OF DEATN?	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 PROPERTY 1 OTHER: 1 YES 2 NO 1 PROPERTY 1 OTHER: 1 Nursing Home 5 Residence 8 Other (Specify)								
	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year	Y 28b. TIME	OF 28c. INJ		28d. DESCRIBE NOW	NJURY OCCUR	ED	
28 is mar TED BY	2 Accident Investigation 3 Suickle 8 Could not be determined 28- PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28- PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						Rural Route Number,		
PORTANT: If item BE COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.								
	296. BIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) PER 18 1991				
2	M. S. COCHOUSE, MD Physicians Memorial Hospital								
	31. DATE FILED JANUARY, Day, Year)	32. REGISTRAR'S SI	GNATURE Handa	2				0	



1	JE J
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow reduced the form of the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transment of side within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other transmatic event, the medical examiner must be notified at once.
13146,	precuted with and complete burial, crem natic event
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ertificate be e ing physician rgiene prior to other traum
S, P.C	the death c the attend Mental Hy njury, or
CORD	quires that to signed by I Health and ows any I
TAL RI	The law re ate has bee ate Dept. o
OF VI	HYSICIAN: his certifica with the St ked, or M
SION	TENDING P DR: After t fiter death 18 is mari
DIVI	TAL OR AT TAL DIRECT 72 hours a
	THE HOSP THE FUNE!
-	₽₽₽

1 - STATE REGISTRAR	STATE OF MARY	AND / DEPA CERTIF	RTMENT OF	HEALTH AND F DEATH	MENTAL HYGIEN REG. NO		00001		
1. DECEDENT'S NAME (First, Middle, Last) Donald C. Plu	mmer		arence		February		91 12:10A		
4. SOCIAL SECURITY NUMBER 007 28 7558 8a. FACILITY NAME (If not institution, give second)	1 M 2 □ F 6:	(In yrs. last birthday, YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) April 14,	1927	NRTHPLACE (State or Foreign country) Maine		
VAMC, Perry Point, Md 21902 Cecil									
HESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Ha		TY, TOWN OR LOC	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
1941 Edgewater Di	rive, Apt. E			101. ZIP CODE 21040		10g. CITIZEN USA	OF WHAT COUNTRY?		
11, MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	2 NO	If yes,	ECENDENT OF HISPA apacify Cuban, Mexico ES 2 NO Specifi			RACE — American Indian, Black, Whita, etc. Specify: White		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			ITION most of working	166. KIND OF BU		RY		
17. FATHER'S NAME (First, Middle, Last) Clarence —]	Plummer			18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)			
VAMC, Perry Poin:	t			nt, Maryl	Aoute Number, City or Tow	m, State, Zip Cod	(e)		
20a. METHOD OF DISPOSITION 1 Disposition 20b. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 20c. LOCATION — City or Town, State 4 Donation 5 Dotter (Specify)									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE POWER K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009									
23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse on	ech line.			ch ae cerdiac or resp	irstory arrest,	Approximate interval Betwee Onset end Dec		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events COUNTY (OR AS A CONSEQUENCE OF):								
PART II. Other algnificent condition	na contributing to deeth	but not reculting	In the underly	ing couse given in	Part I. 24e. WAS AMPERFOI	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (CI	heck only one)		To lea a grade		
EXAMINER?	HOSPITAL: 位置Inpatient 2 日 ER/Ou	patient 3 DOA	OTHER:	ome 5 🗆 Residence					
13 YES 2 NO	28a. DATE OF INJURY	28b. Ti	JURY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURI	HOW INJURY OCCURED		
13C YES 2 NO 27. MANNER OF DEATH 1 Natural a Pending Investigation	(Month, Day, Year)				1				
27. MANNER OF DEATH 1 Maturel 8 Pending	(Month, Day, Year) 28s. PLACE OF INJUR building, atc. (Sp.	Y — A1 home, farm			281. LOCATION (Street City or Town, State		tural Route Number,		
27. MANNER OF DEATH 1 Netural 8 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	26e. PLACE OF INJUR building, atc. (Sp BICIAN: To the best of my kno	viedge, death occu	, street, factory, of	iffice ate and place, and du	City or Town, State	nner as stated.	tural Route Number,		
27. MANNER OF DEATH 1 Netural 8 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	26a. PLACE OF INJUR building, stc. (Sp IICIAN: To the best of my kno ER; On the besis of axeminati	viedge, death occu	, street, factory, of	ate and place, and due to death occured at the 29c. LICENSE NU	e to the cause(a) and ma	onner as stated. Ind due to the ca			

33. REGISTRAR'S SIGNATURE



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)	RICE	W			2. DATE OF DEATH	My C	year 3. TIME OF DEATH		
			in yrs. last birthday)IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		BIRTNPLACE (State or Foreign		
		□ M 2 🗹 F	65 YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year)		Germany		
TOR	96 FACILITY NAME (If not institution, give stree PRINCE GEORGES RESIDENCE OF DECEMENT	HOSPITAL (CENTER "	CITY, TOWN	EVERLY	EATN /	PRIN	V OF DEATH LE GEORGES		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	.G.		own DR LOCA	Heights	5		10d. INSIDE CITY LIMITS? 1 ☐ YES 3√∑ NO		
JAF	10s. STREET AND NUMBER 9526 Acorn Pai		10	2074	2		N OF WHAT COUNTRY?			
NE								USA		
BY	1 Never Merried 2 Merried 3 Widowed XX Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	X V NO	If yes, sp	ecify Cuban, Maxica 22 ND Specifi	NIC ORIGIN? (Specify Year, Puarto Rican, atc.)	a or No-	4. RACE — American Indian, Slack, White, atc. Specify: White		
	15. DECEDENT'S EDUCAT (Specify only highest grade con	IDN mpleted)	18a. DECEDENT'S USL	done during me	ON ast of working	16b. KIND DF BL	SINESS/INDUS	STRY		
COMPLETED		College (1-4 or 5+)	Mental H	tired.)		r St. E.	lizab	eth's Hospita		
COM	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Malder	,			
B	Johann Hansen				<u></u>	e Westph				
6	19a. INFORMANT'S NAME (Type/Print) Aimee Doyle		4511 T	DRESS (Street)	and Number or Rural	Route Number, City or To , Riverd	ale. M	d.20737		
	20a. METHOD OF DISPOSITION **The Donation S Of Other (Specify) 4 Donation S Other (Specify)	al from State	PLACE OF DISPOSITIO	ON (Name of ce		20c. L	RiverdalE, Md. 20737 20c. LOCATION — City or Town, Stata Suitland, Md.			
	21. SIDNATURE OF PUNCHAL SERVICE LICEN			22. NAME A	ND ADDRESS OF FA	CUTY Lee F	unera	1 Home, Inc.		
-	23. PART I. Enter the diseases, or cor	yan				. 20735		st, Approximats		
	ahock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death) s.	Resp	conseduence of:	9+	Cardo	cae 7	ach	Interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury b. Chronic Obstructive Ling distance Due to (or as a consequence of): c.									
ERTI	that initisted events resulting in death) LAST d									
MEDICAL C	PART II. Other-eignificent conditions		ut not resulting in t	ha underlyin	g causa given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 ND		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. P	LACE OF DEATH (Ch	neck only one)				
YSI		Inpetient 2 - ER/Outp	atlent 3 DOA 4	☐ Nursing Hor		8 Other (Specify)				
ВУ РН	27. MANNER DF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME O	r W	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HDW	INJURY OCCU	PRED		
	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, street/l/y)	et, factory, offic	ca .	28f. LOCATION (Street City or Town, State	and Number of	r Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	_						d. cause(s) and manner as ataled.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	(y)			29c. LICENSE NU	MBER	29d. DATE	SIDNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	ANDO	IER R	D LANI	POVER	LED		
	31. DATE FILED (Month, Day, Year) FFR 1 4 'Q 1	32. REGISTRAR'S SIGN								

permit Pages 1, 2, 3 should THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

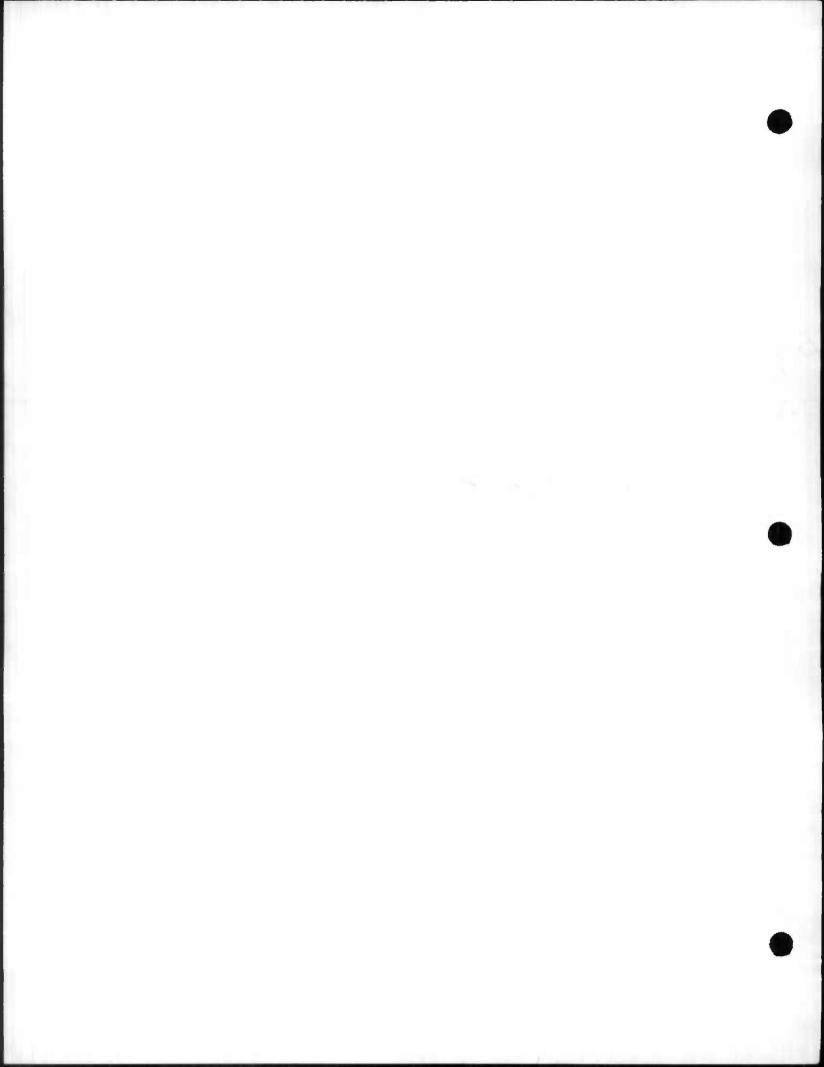
THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformation, or removal.

THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformation within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

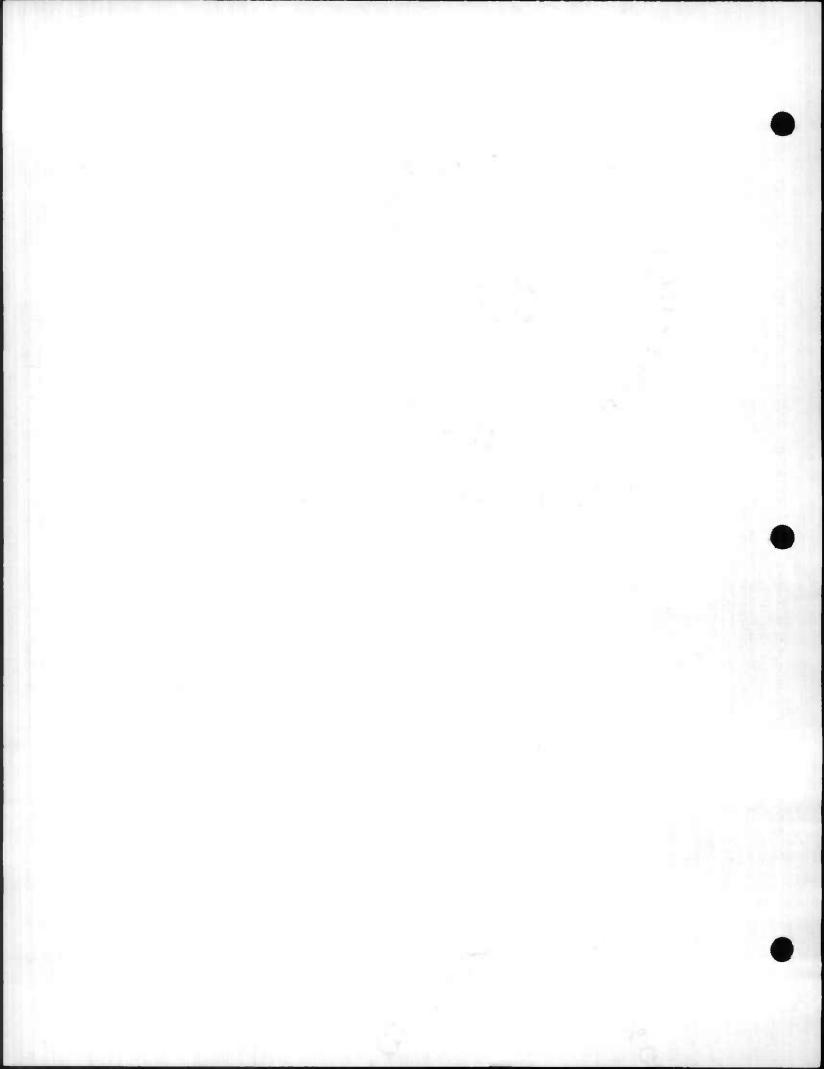
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 👡 nours after death. Page 6 may be retained by the hospital or attending any
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	FOR STATE OF MARYLAN STATE OF MARYLAN			F HEALTH A DF DEATI		NTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Leat) POLLY KING				2.	DATE OF DEATH		year 3. TIME OF DEATH	
		rs. lest birthday)	OF UNDER 1 YE		MIN.	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	410-28-4460 1 M 2 BF 70 Se. FACILITY NAME (If not institution, give street and number)	YRS.	Sh CITY TO	WN OR LOCATION		02-26-20		Tennessee	
R	Washington Adventist Hospital		Takoma Park Montgomery						
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR L				11101	10d. INSIDE CITY	
DIR	Maryland Prince George's	V	W. Hyattsville 1 ¼ yes 2 □						
FUNERAL DIRECTOR	10e. STREET AND NUMBER		101, ZIP CODE 10g, CITIZEN OF WHAT COUNTR						
JNE	5812 33rd Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	.S. ARMED	13. WAS	20782		ORIGIN? (Specify Yes		S.A. 14. RACE — American Indian, Black, White, etc.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO ES	if ye	a, specify Cuban, YES 2 XNO	Mexican, Pr			Specify: White	
TÉD	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6a. DECEDENT'S	work done durk	PATION og most of working		16b. KIND OF BUS	SINESS/INDU	JSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 12th 4 yrs	Hous	ewife			at ho			
8	17. FATHER'S NAME (First, Middle, Last) ROSWEIL M. Kingsley				er's name (Wil	(First, Middle, Melden	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLIN	G ADDRESS (S			Number, City or Tow	n, Stata, Zip	Code)	
10	Suzanne B. Gardner					urel, Mar			
				gton Ce				oty or Town, State , Maryland	
	III GNOTURE OF THERAL SERVICE UDINSES		FRA		CASC	H'S SON		NERAL HOME	
	23. PART I. Enter the diseases, or complications that caused t								
	shack, or heart fallure. List only one cause on eac IMMEDIATE CAUSE (Final			Ca.	^			Interval Between Onset and Death	
	disease or condition a	romato	2:2	tom	BARK	CINOMA O	7 THE	PREAST	
_	disease or condition resulting in death) a. Carcing matos: S from GARCINOMA OF THE AREAST DUE TO (OR AS A CONSEQUENCE OF): CIRRHOSIS OF THE LIVER Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
TIOI	Sequentially list conditions, if any, leading to immediate								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A C	ONSEQUENCE (OF):						
E	resulting in death) LAST					<u>-</u>			
	PART II. Other significant conditions contributing to death but	not resulting	In the unde	rlying cause gl	Iven in Par			24b. WERE AUTOPSY FINDINGS	
DICAL	Intestinal obstruction					PERFO		COMPLETION OF CAUSE OF DEATH?	
MED	Chrose obstraction	Lung	diseas			-		1 TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DE	ATH (Check	only one)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Output	lent 3 DOA	OTHER:	Home 5 🗆 Res					
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28b. TI	LJURY	c. INJURY AT WORK?		Bd. DESCRIBE HOW	INJURY OCC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY – building, etc. (Specif)	- At home, farm,	, street, factory	, office	26	81. LOCATION (Street City or Town, State	and Number	or Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only one)								
00	2 MEDICAL EXAMINEN: On the basis of examination	and/or investigat	lon, in my opir					E SIGNED (Month, Day, Year)	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	C			2786		▶ 2	17/91	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT					. 1			
	1721 University Blvd W Wheatz 31. DATE FILED (MORTH, Day, Year) 32. REGISTRAR'S SIGNAL		2090.	z, MAR	ic k	LI	MD		
	FEB 11'91 Suhia Savidson								
		, ,					-	DHMH-16 Rev 1/89	



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

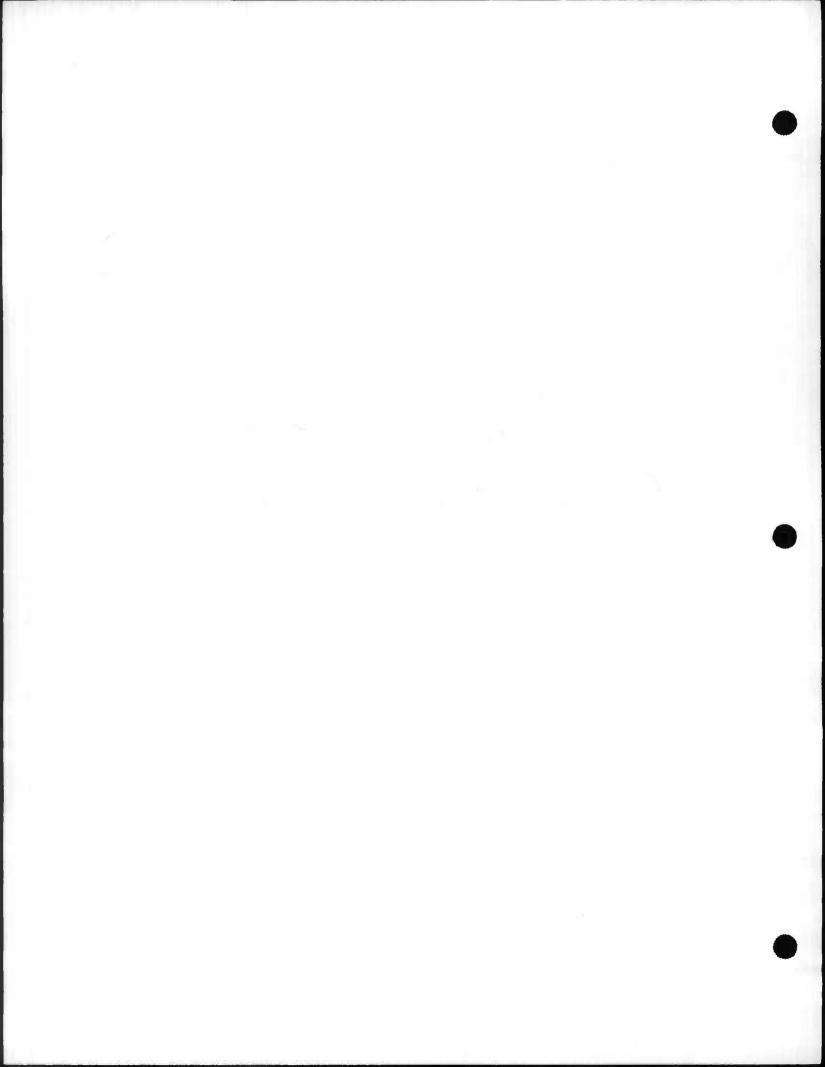
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. OF DEATH

2. DATE OF DEATH

2. DATE OF DEATH

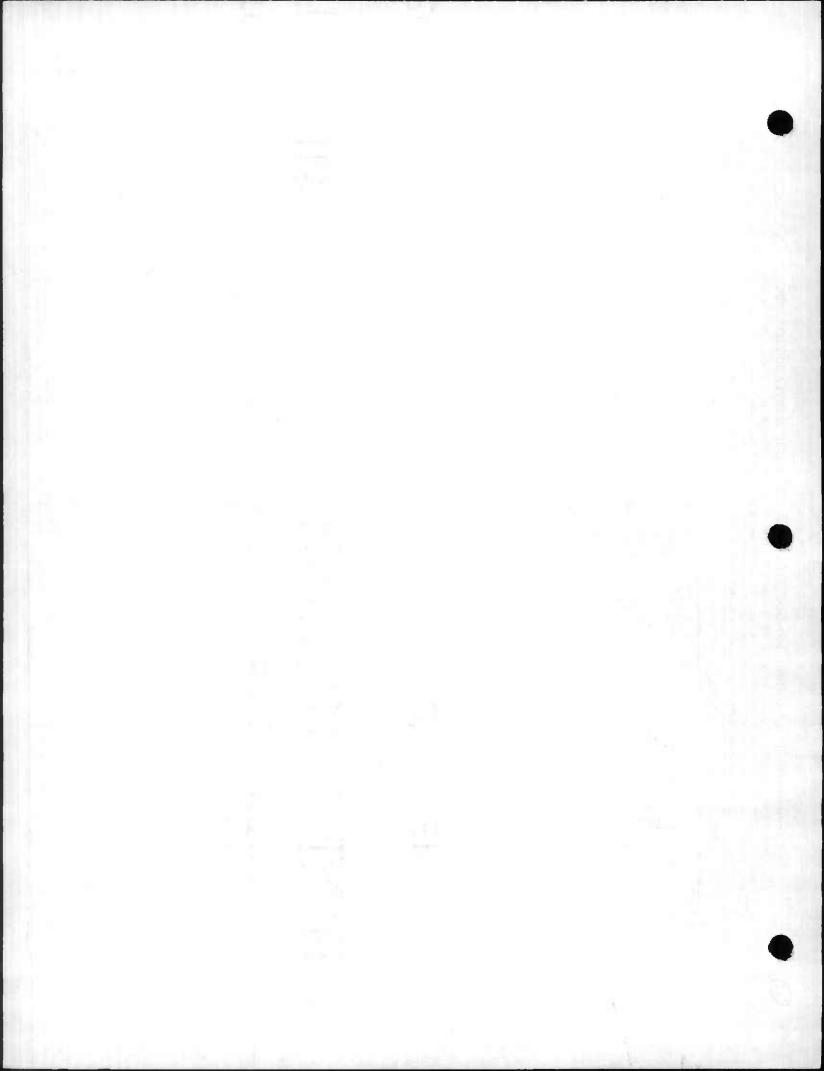
								HEG. NO			
1. OECEOENT'S NAME (First	, Middle, Last)			ii.				2. DATE OF DEATH MONTH	AY	YEAR	3. TIME OF DEATH
		GENEVIE						FEB 4 19	991		/:33
4. SOCIAL SECURITY NUMI		5. SEX	8. AGE (In yrs. In:		MONTHS C	MEAR IF U	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign DISTRICT
577-28-8479		Α	67	100	96, CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY						COLUMBIA
9a. FACILITY NAME (If not is										EATH	
NAT	LONAL I	NAVAL ME	DICAL CE	NTER	BETHESDA MONTGOMERY					MERY	
10a. STATE	10b. COUNTY	7		10c. CITY,	TOWN OR	LOCATION					10d. INSIDE CITY
MARYLAND	PRING	CE GEORGI	E'S	G	REENI	BELT					1 YES 2 NO
10e. STREET AND NUMBER						101. ZIP	CODE		10g. CITI	IZEN OF Y	VHAT COUNTRY?
9118 EDMO	NSTON (COURT #30	04				2077	Oʻ	U	NITE	D STATES
11. MARITAL STATUS			T EVER IN U.S. AF		13. WA	S DECENDE	NT OF HISPAN Cuberi, Maxica	IIC ORIGIN? (Specify Ven, Puerto Rican, etc.)	a or No—	14. RACE Black	E — American Indian, k, White, atc.
I ☐ Never Married 2 🔀			MAR OR DATES				NO Specify			Speci	
	EDENT'S EDU	CATION	16a Di	CEDENT'S L	ISUAL OCC	IDATION		16b, KIND OF BU	SINESS/INF	METEV	WHITE
(Specify on	ly highest grade	completed)	(0	ilve kind of wa	ork done du	ing most of v	vorking	100. KIND OF BO	311VE33/11VE	JUSIN	
Elementary/Secondary (0-12)	College (1-4 or 5	"	HOII	SEWIE	77		Own I	dome		
17. FATHER'S NAME (First, A	fiddle, Last)			noo	DEWII		MOTHER'S NA	ME (First, Middle, Malder			
	ALBERT	A. BUTI	ER				G1	ENEVIEVE F	RESTO	ON	
19a. INFORMANT'S NAME	Schilling		19	b. MAILING	ADDRESS (Street and Nu	imber or Rural i	Route Number, City or To	vn, State, Zip	Code)	
WARREN PA	IRE		- 9	118 E	DMONS	TON (COURT.	#304 GRE	ENBEI	т. т.	MD 20770
20a METHOD OF OISPOSIT	NON THE RESERVE	110	200. PRACE	OF OISPOSI	ITION (Name	of cemetery.	crematory or	20c. L	OCATION —	City or To	own, State
□ Donation 45 □ Other	(geology)	IVI	Wash	ingto	n Nat	tional	Ceme	tery S	uitlar	nd, I	Maryland
H GHEATURE OF TUNBEL	IL BENNICE LIC	ENSE /	. /				DRESS OF FA	CH'S SON	c Ell	NED	AL HOME
1/ 1/2	1	101-	Mus	_				e., Hyatts			
23. PART I. Enter the c											Approximate
shock, or h		List only one ca	use on esch iin	.							Interval Between
disesse or condition resulting in death)	→	METAS	STATIC S	OUAMO	US CE	LI. CA	NCER (OF EPIGLOT	TIS		į
resulting in depth)		v	(OR AS A CONSE	-							
0		b									
Sequentially list condi- if any, leading to imme	diate	DUE TO	(OR AS A CONSE	QUENCE OF):						
	ING =										
cause. Enter UNDERLY CAUSE (Disease or injury)		c	/OB 46 4 COME	OHENOE OF							
cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events	ury	c. DUE TO	OR AS A CONSE	QUENCE OF):						
cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events	ury	c. DUE TO	OR AS A CONSE	QUENCE OF):						
cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ory ET	d				erlying cau	use given in		N AUTOPSY	24b	WERE AUTOPSY FINDING AVAILABLE PRIOR TO
cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ory ET	d				erlying cau	use given in		RMED?	24b	
cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ory ET	d				erlying csu	use given in	PERFO	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ory ET	d				erlying csu	use given in	PERFO	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
cause. Enter UNDERLY CAUSE (Disease or Inji- that infitted events resulting in death) LAS PART II. Other signific	BT condition	d to contributing to	o death but not	resulting in	n the und		use given in OF DEATH (CA	PERFC 1 PES	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
cause. Enter UNDERLY CAUSE (Disease or injection of the countries of the cause of t	BT condition	d to contributing to		resulting in	n the und	26. PLACE	OF DEATH (Ch	PERFC 1 PES	RMED?	24b	COMPLETION OF CAUSE OF DEATH?
Cause. Enter UNDERLY CAUSE (Disease or injection in the initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ent condition	HOSPITAL:	o death but not	resulting in	OTHER:	26. PLACE ig Home 5 8c. INJURY WORK?	OF DEATH (Ch	PERFC 1 VES	PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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Cause. Enter UNDERLY CAUSE (Disease or inji- that initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only) 1 CER	ent condition TO MEDICAL Pending investigation Could not be detarmined	HOSPITAL: 1 Dispertent 2 28e. DATE O (Month, i	ER/Outpatient FINJURY Dey, Year) OF INJURY — At h, etc. (Specify)	as DOA 29b. TIME INJUDITIES of Farm, s	OTHER: 4 Nursir	26. PLACE 19 Home 5 10 Home 5 11 YES 10 YES 10 Home 5 10 Hom	OF DEATH (Ch Pesidence AT 2 NO	PERFC 1 YES 1 YES 5 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Stree-City or Town, State	INJURY OC and Numbe	ccured or Aural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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Cause. Enter UNDERLY CAUSE (Disease or Injury that infittated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEE 29b. SIGNATURE AND TITL A K Go	ent condition TO MEDICAL Pending investigation Could not be detarmined TIFYING PHYS DICAL EXAMINE E OF CERTIFIE	HOSPITAL: 1 Dapatient 2 28e. DATE 0 (Month, I) 28e. PLACE building	□ ER/Outpatient F INJURY Day, Year) OF INJURY — At h, etc. (Specify) If my knowledge, d examination and/or	resulting is	OTHER: 4 Nursit E OF 2 URY M At the time, in my opi	26. PLACE 19 Home 5 18c. INJURY WORK? 1 YES 1, office 1, deta and nion, death 29c	OF DEATH (Ch Residence AT 2 NO place, and due occured at the	PERFC 1 YES 1 YES 1 YES 1 VES 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, State a to the cause(a) and monthly time, data and placa, or time, data and placa,	INJURY OC and Number anner as steed due to t 29d. DAT	or or Aural sted. TE SIGNET	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and manner as stated. 2 (Month, Day, Year)
Cause. Enter UNDERLY CAUSE (Disease or inji that initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 XNO 27. MANNER OF DEATH 2 Accident 3 Suicide 6 Homicide 29a. CERTIFIER (Check only one) 1 XCER (Check only one) 2 MEI 29b. SIGNATURE AND TITL A K YOUR 30. NAME AND ADDRESS (ent condition TO MEDICAL Pending investigation Could not be detarmined ATTIFYING PHYS DICAL EXAMINE E OF CERTIFIE OF PERSON WI-	HOSPITAL: 1 Dispertent 2: 28e. DATE O (Month, I) 28e. PLACE building	De ER/Outpatient FINJURY Dey, Year) OF INJURY — At h, etc. (Specify) If my knowledge, departmention and/or	resulting is	OTHER: 4 Nursit E OF 2 URY M At the time, in my opi	26. PLACE 19 Home 5 10 Se. INJURY WORK? 1 YES 10 Yes 10 J	OF DEATH (Ch Pesidence AT 2 NO placa, and due occured at the LLICENSE NU 010104:	PERFO 1 YES 1 YES 1 YES 1 YES 2 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State or Town, St	INJURY OC and Number anner as stained due to t 29d. DAT	occured or or Rural inted. the cause(FEL CEN	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and manner as stated. 2 (Month, Day, Year)
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DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar-flanst permit, be laded within 27 burns after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. The medical examples to market of them 23 shows any injury on other traumatic event, the medical examples must be notified at once.	

	1 - FOR STATE OF MARYLAND / DEP CERT	ARTMENT OF HEA		TAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Ratherine Bytler	Pearce	2. D	ATE OF DEATH ONTH	YEAR	3. TIME OF DEATH 2459 M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthd	S. MONTHS DAYS H	OURS MIN. (A	ATE OF BIRTH fonth, Day, Year) /06/09	Nev	w Jersey			
TOR	9a. FACILITY NAME (if not institution, give street and number) 6304 60th Avenue RESIDENCE OF DECEDENT	9b. CITY, TOWN OR L		ince C	George's				
DIRECTOR		CITY, TOWN OR LOCATION Riverdale			10d. INSIDE CITY LIMITS? 1 X YES 2 □ NO				
RAL	106. STREET AND NUMBER 6304 60th Avenue	10f. ZI	20737	10g.	U.S.	WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 □ Never Married 2 □ Married 3 □ Wildowed 4 □ Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 □ YES 2 ☑ NO IF YES, GIVE WAR OR DATES	If yes, specif	-0.0.	RIGIN? (Specify Yea or No arto Rican, etc.)	- 14. RACI	E — American Indian, k, White, atc.			
COMPLETED	(Specify only highest grade completed) (Give kind	IT'S USUAL OCCUPATION of all work done during most of DT use retired.)	f working	166. KIND OF BUSINESS	yn Hor	m e			
COM	17. FATHER'S NAME (First, Middle, Last)	1	•	irst, Middle, Maiden Surnar		ii e			
BE	Arthur T. Butler 190. INFORMANT'S NAME (Type/Print) 190. MAIL	ING ADDRESS (Street and	Lyda Sap		e. Zin Code)				
5		60th Avenu		and the same of th		20737			
	1 Burial 2 Cremation 3 Memory from State of cometary, crema	DATE OF DISPOSITION (Natory or other place)		DATE 20c. LOCATIO		and the second			
30	4 Donation 3 Other (Specify Me/tropoli 21. SIGNATURE OF WHEN AL SERVICE LIGHTSET	Francis	Gasch's	6/9 1 Alexa Sons Fune	ral Ho	ome, PA			
	23. PART I. Enter the diseases, or complications that caused the deeth. I shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in/death) DUE TO (OR AS A CONSEQUENCE)	Coultanter the moda	of dyling, such as	cardiec or reapirator	y arrest,	Approximate Interval Between Onset and Daeth			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
	dd	ing in the underlying o	euse given in Pert	I. 24s, WAS AN AUTO	00V 7241	o, WERE AUTOPSY FINDINGS			
MEDICAL	TATE IN COURSE SIGNIFICANT CONTRIBUTING TO LEGAL DAT NOT TESTING	ng in the underlying c	ouse given in Part	PERFORMED	1	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN:	25. WAS CASE REFERRED TO MEDICAL	00 Pt 40	F OF BEATH (OL-1)	-1					
SICI	EXAMMER? 1LP YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DC	OTHER:	8 Tesidence 8						
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Dey, Year) 2 Accident Investigation	TIME OF 28c. INJURY WORK	Y AT 28d	DESCRIBE HOW INJURY	Y OCCURED				
	3 Suicide 8 Could not be 4 Homicide 8 determined 28e. PLACE OF INJURY — At home, fa	rm, street, factory, office	281.	LOCATION (Street and No City or Town, State)	umber or Rural	Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death or one) 24 MEDICAL EXAMINER: On the basis of examination and/or investigation.					(s) and manner as stated.			
TO BE	This is the open of the property of the state of the stat	d	LICENSE NUMBER	30	J T	D (Month, Day, Year)			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	5009/6	y dum	Ct. Cy	n.)	NJ 20148			
	FEB 11 '91 Julia Savidson-Rand	Lesse							



05312 91

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		4			2. DATE OF DEATH	u ueas	3. TIME OF DEATH
	GLADYS CR	EWS	PHIL	POT		Feb DA	7 9 /	1457 m
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday) IF	UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		ITHPLACE (State or Foreign
	246-28-9610	1 M 2 T 7]	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)		ash.D.C.
	9a. FACILITY NAME (If not institution, give stre		91	CITY, TOWN O	R LOCATION OF DEA	JUN 5,1	9c. COUNTY OF	
œ								
6	7104 Nimitz Dr	ive		Forest	ville		Prince	e George's
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION	 		10d. INSIDE CITY
E	Maryland Prin	ce George's	- F	orestv	villo			LIMITS?
	10e. STREET AND NUMBER	cc dedige	5 10		ZIP CODE		10a, CITIZEN O	F WHAT COUNTRY?
FUNERAL	7104 Nimita Dw	1			20747			
N N	7104 Nimitz Dr	12. WAS DECEDENT EVER IN I	II S ADMED	T 42 WAS DEC	20747	C ORIGIN? (Specify Yea		d States ACE - American Indian.
	1 Never Married 2 Merried	FORCES? 1 YES	2 X NO	If yes, spe	ecity Cuben, Maxicon	, Puerto Rican, etc.)	В	ack, White, atc.
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 🗌 YES	2 NO Specify:			lack
	15. DECEDENT'B EDUC	ATION	18e. OECEDENT'S US	UAL OCCUPATIO	PN .	18b. KIND OF BUS		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during modelired.)	st of worlding			
7	11th Grade	Conege (1-4 or 5+)	Reti	F 0.2		Desire	. + .	
M	17. FATHER'S NAME (First, Middle, Lest)		Kert	red	18 MOTHER'S NAM	Priva IE (First, Middle, Meiden		
		0					Surrenne)	
BE	James Mack	Crews				Avery		
2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					oute Number, City or Tow		
	Roger Burwell-M		P.O.	Box	1243 A	exandria	. Vir	ginia
	20a. METHOD OF DISPOSITION 1 Neurial 2 Cremetion 3 Remove	val from State	PLACE OF DISPOSITION Other place)	ON (Name of cen	netery, cremetory or	Fra	CATION — City of nklin	Town, State County,
	4 Donetion 5 Other (Specify)	R	oland C	hapel	Church C	emeterv	North	Carolina
	21. SIGNATURE FUNERAL SERVICE LICE	NSEE			D ADDRESS OF FAC	neral Hor	no	
	> lohm)	Towns.	TT			Rd., N	_	sh D C
	23. PAST I. Enter the diseases, or co	emplications that caused	the death. Do not	enter the mo	de of dylan euch	na cerdiac or resol	retory errest	Approximats
	ahock, or heart fellure. L	lat only one cause on ee	ch line.					Interval Between
	IMMEDIATE CAUSE (Final	1011	ha		1		0. t	Onset and Dasth
	disease or condition	cerci	1000	sent	av i	utra	enc	HOURS
		OUE OF OR ALL	BONSEOUENCE OF):	Pers	let la	erlis	manage.	(0)
NO	Sequentially list conditions,	DISE 20 (00 48 4	CONCECUENCE OF			ecid erkios	7111	
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	DUE TO TOR AS A T	CONSEQUENCE OF):		dise	al		
5	CAUSE (Disease or Injury & c.		CONSEQUENCE OF):	•				
Ē	that initiated events resulting in death) LAST	000 10 (011 20 21	oonstabling or j.					j
111	d							
W		•———						
	PART II. Other significant conditions	contributing to death bu	t not resulting in t	the underlying	g causa given in i			246. WERE AUTOPSY FINDINGS
	PART II. Other significant conditions	contributing to death bu	t not resulting in	the underlying	g causa given in i	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
	PART II. Other significant conditions	contributing to death bu	t not resulting in t	the underlying	g causa given in i		MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant conditions	contributing to death bu	it not resulting in t	tha underlying	g causa given in i	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
		contributing to death bu	t not resulting in t			PERFOF	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PES 2 NO 27. MANNED DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: Impatient 2 ER/Outpa 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Speck	28b. TIME C INJUR At home, ferm, stre	26. Pt THER: Nursing Hom OF Y M 1 Tet, factory, office at the time, data	ACE OF DEATH JORGO TO STAR Recidence UNIVERSAL AT THE STAR STAR STAR STAR STAR STAR STAR STAR	PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW is City or Town, State) to the cause(e) end mei	NJURY OCCURED and Number or Ru	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number, se(e) and manner as stated.
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BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 PYES 2 NO 27. MANNED F DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME ADDRESS OF PERSON WHO	HOSPITAL: 1 Inpatient 2 ER/Outpa 28e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Specil CIAN: To the best of my knowle 3: On the beele of examination COMPLETED CAUSE OF DEA	and/or investigation, TH (ITEM 27) (Type, Pr	26. PI THER: Nursing Hom DF Y M 1	ACE OF DEATH Jeffer of STEP Residence URY AT IRK? YES 2 NO	PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW is City or Town, State) to the cause(e) end mei	NJURY OCCURED and Number or Ru	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number, se(e) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PES 2 NO 27. MANNER F DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: Impatient 2 ER/Outpa 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY - building, etc. (Specific Clan: To the best of my knowled; On the beele of examination of the bee	and/or investigation,	26. PL THER: Nursing Hom VY M 1 Set, factory, office at the time, data in my opinion, d	ACE OF DEATH Jeffer of STEP Residence URY AT IRK? YES 2 NO	PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW is City or Town, State) to the cause(e) end mei	NJURY OCCURED and Number or Ru	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number, se(e) and manner as stated.
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physician. burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the humble TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TTT

9314

1 - FOR STATE REGISTRAR

Wash

United States

Specify:

Black

Wash.

14. RACE — American Indian, Black, White, etc.

3. TIME OF DEATH

5:05PM

10d. INSIDE CITY

1 YES 2 NO

Maryland

Approximate

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO . COMPLETION OF CAUSE

DF DEATH? 1 - YES 2 - NO

201. LOCATION (Street and Number of Fural Route Mumber.
City or Town, State)

AVE

Onset and Deeth

D.C

8. BIRTHPLACE (State or Foreign

BALTIMORE, MARYLAND 21215-0020

BOX 68760,

P.0.

RECORDS,

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IMPORTANT: It

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2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 2-5-91 Rudolph Powell, Donald Jr. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 218-06-9088 DAYS HOURS 1 X M 2 - F /7/197 3 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Prince Georges General Hospital cheverly Prince Georges Co. RESIDENCE OF DECEDENT 10a. STATE 10h COLINY 10c. CITY, TOWN OR LOCATION Maryland Prince George's Capitol Heights F 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 1805 Arcadia Avenue 20743 FUNE 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married B 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Student 11th Grade 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rudolph D. Powell, Sr. Juanita McCall BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Juanita Powell 1805 Arcadia CAve Capitol Hats 20s. METHOD OF DISPOSITION

| Burlal 2 | Cremation 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 4 Donation 6 Other (Specify) incoln Memorial Cemetery Suitland. 21. SIGNATURE OF INNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 10nm 4001 Benning Rd., N.E. 23. PART/I. Entar tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) . CONTACT GUNSHOT WOUND OF HEAD DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL TYPYES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: XX YES 2 NO Management 2 ☐ ER/Outpatient 3 ☐ DOA 4 🗆 Nu ng Home 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 8:00pm 5 Pending SUBJECT FOUND SHOT 1 YES 2 NO BY 2 Accident

28e. PLACE OF INJURY — At home, farm, street, factory, office pullding, etc. (Soccity)
FOUND: WOODED AREA

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29t. LICENSE NUMBER 29d, DAYE SIGNED (Month, Day, Year) OCME 2-6-91

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARGARITA A. KORELL, MD

29b. SIGNATURE AND TITLE OF CERTIFIER

6 🔯 Could not be datermined

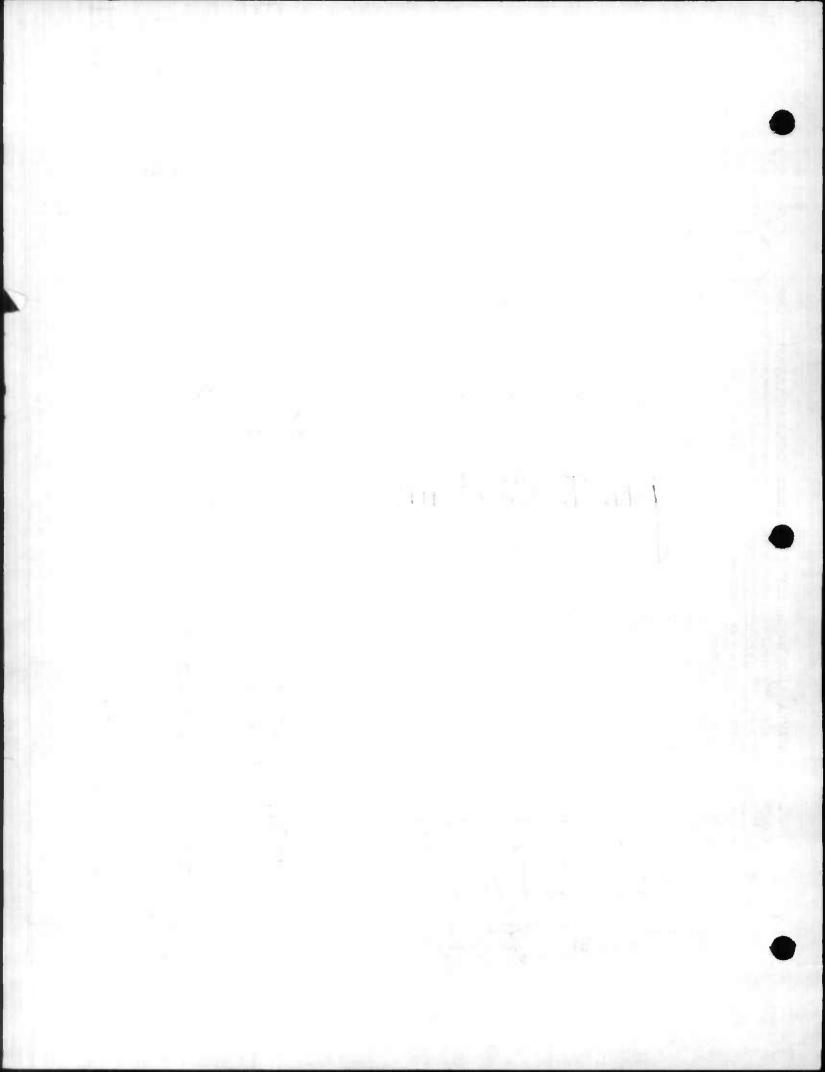
3 Suicide

29a, CERTIFIER

4 Homicide

111 Penn Street, Baltimore, MD 21201

31. DATE FILED (Month, Day, Year)
FEB 13 91 32. REGISTRAR'S SIGNATURE Julia Davidson-Randelle VC



TO BE COMPLETED BY FUNERAL DIRECTOR

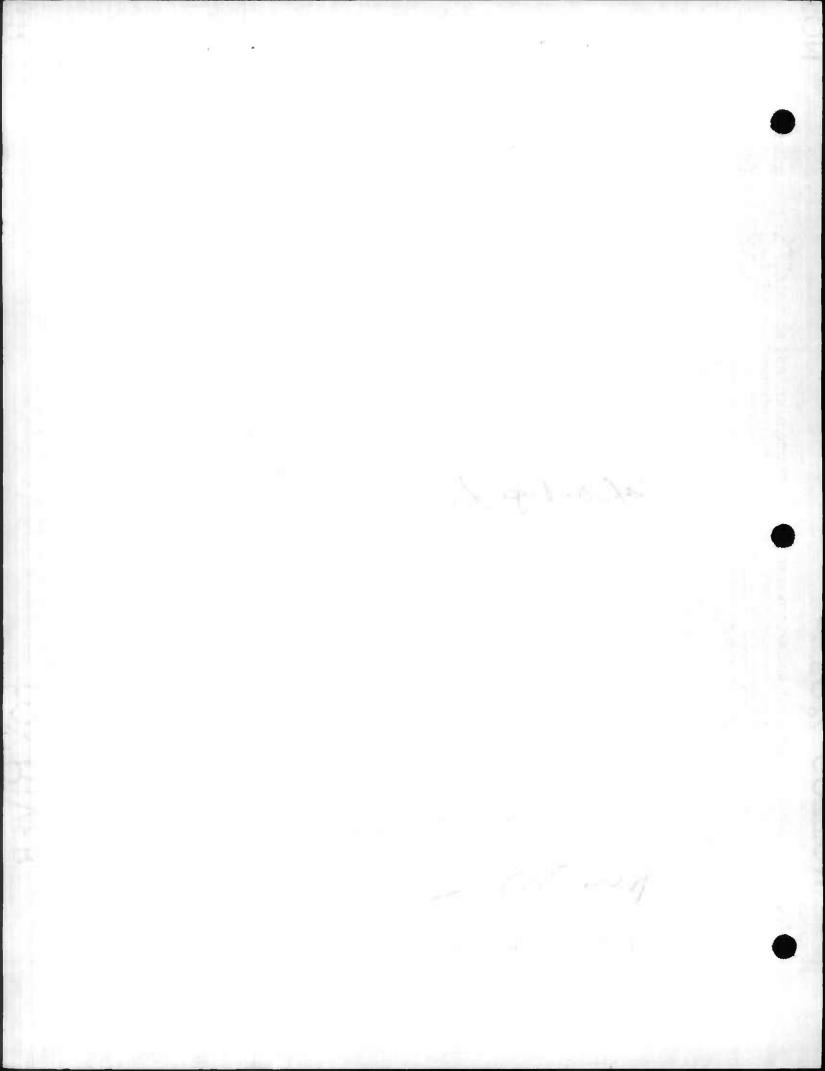
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and the modern of the medical as them 92 shows have being be the modern by manifest as made by modified of
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL	REG. NO.	E		
DECEDENT'S NAME (First, Middle, Last) TERRY	MARIE	PROCTO	R-WALKE	R	2. DATE MONTH	2 9 9		91 3.	2:50 P
SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday) 35 YRS.	MONTHS DAYS		7. DATE (Month	DE BIRTH Day, Year) 5/55		Country)	NGTON DC
. FACILITY NAME (II not institution, give suitland Pkwy. nr		11 pd		on Location of Di			9c. COUNT		eorge's
RESIDENCE OF DECEDENT			Y. TOWN OR LOC				LITIN		d. INSIDE CITY
ARYLAND PRINC	CE GEORGE		UITLANI						LIMITS?
oo. street and number 3508 SILVER HII	LL PARK DRIV	/F		20747			109. CITIZE		T COUNTRY?
MARITAL STATUS Never Married 2XX Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	R IN U.S. ARMED	If yes,	ECENOENT OF HISPAI specify Cuban, Maxica ES 2 ANO Specifi	n, Puarto F	? (Specify Yea tican, etc.)			American Indian, hits, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) 2 YTS		work done during i se retired.)	TION most of working N OFFICER		KIND OF BUS			NCE CO
7. FATHER'S NAME (First, Middle, Last)	Z yis	CLASSIF	ICATION	16. MOTHER'S NA				ISUKA	NCE CO
JAMES PROCTOR		DOROT		DEN					
Da. INFORMANT'S NAME (Type/Print)				t and Number or Rural					
WILLIAM WALKER Description Burlel 2 Cremation 3 Ren Denation 5 Other (Specify)		20b. PLACE AND OATI	E OF OISPOSITIO	HILL PARK ON (Name	OATI	E 20c. LO	CATION — CI	ty or Town,	Stata
□ Donation 5 □ Other (Specify)		MARYLAND				/91 _{CH}			.Md.
· alex 3.	Regge &	7.		ANDER S I					
MMEDIATE CAUSE (Final fisease or condition esuiting in death) Sequentially list conditions, if any, leading to immediate suse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST	bDUE TO (OR A	Injuries s a consequence of s a consequence of s a consequence of	F):						Onset and Dea
PART II. Other significant condition	ns contributing to deet	but not resulting	In the underly	Ing cause given in	Part I.	24a. WAS AN PERFOR	RMED?	AN CC OI	ERE AUTOPSY FINDING MILABLE PRIOR TO MIPLETION OF CAUSE F DEATH? YES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heak only on	ne)			
NES 2 NO	HOSPITAL: 1 Inpatient 2 ER/C			ome 5 🗆 Rasidence	-		Scen		
7. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJUI (Month, Day, Yea 2-9-91		JURY	NJURY AT WORK? YES 2V NO	-	ver of			o impact
Suicident Investigation	28e. PLACE OF INJI		_	ffice	281. LOC City	ATION (Street in or Town, State)	SuitI	r Rural Rou and I	Number,
(Oriota triny	SICIAN: To the best of my kr	nowledge, dasth occurr		ata and place, and du	a to the cau	use(a) and mai	nner aa stated	P.G	
	and the sound in the second			29c. LICENSE NU			29d. DATE		
96. SIGNATURE AND TITLE OF CERTIFIE	1								onth, Day, War)
D. NAME/AND ADDRESS OF PERSON W	- CON			OCN	Œ		•	2-10-	



BALTIMORE, MARYLAND 21203-3146

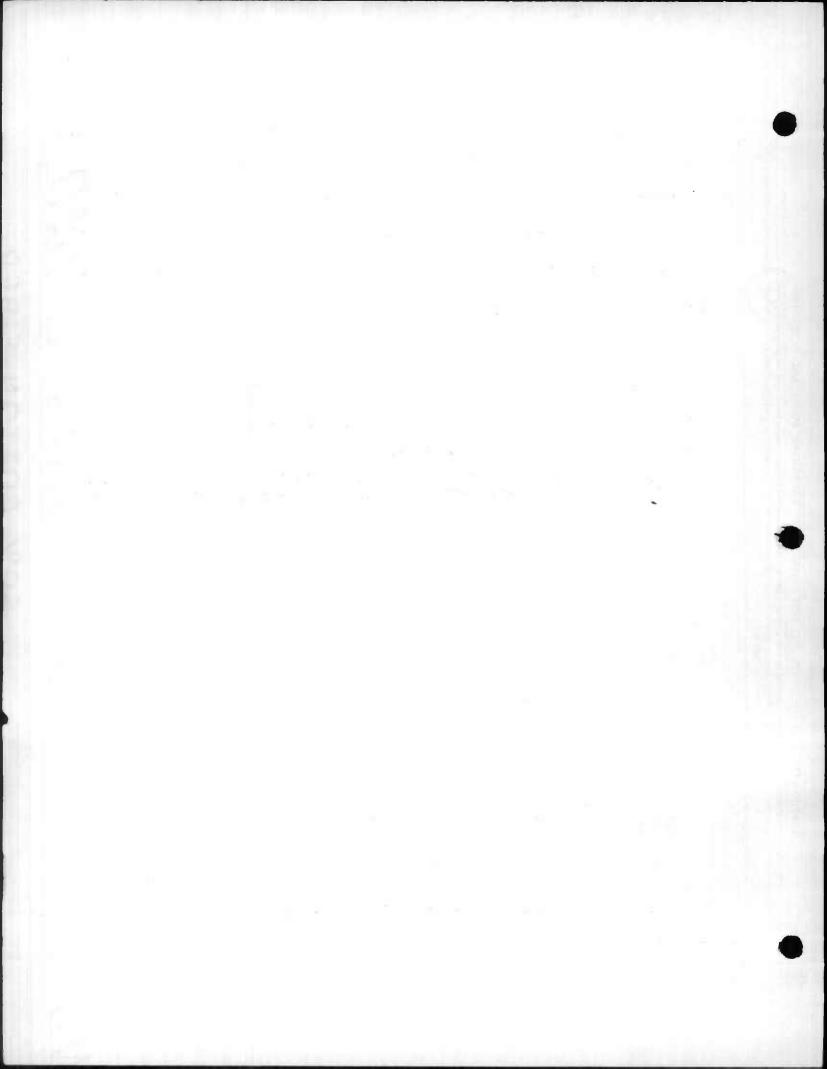
permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Young after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use the territorial be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

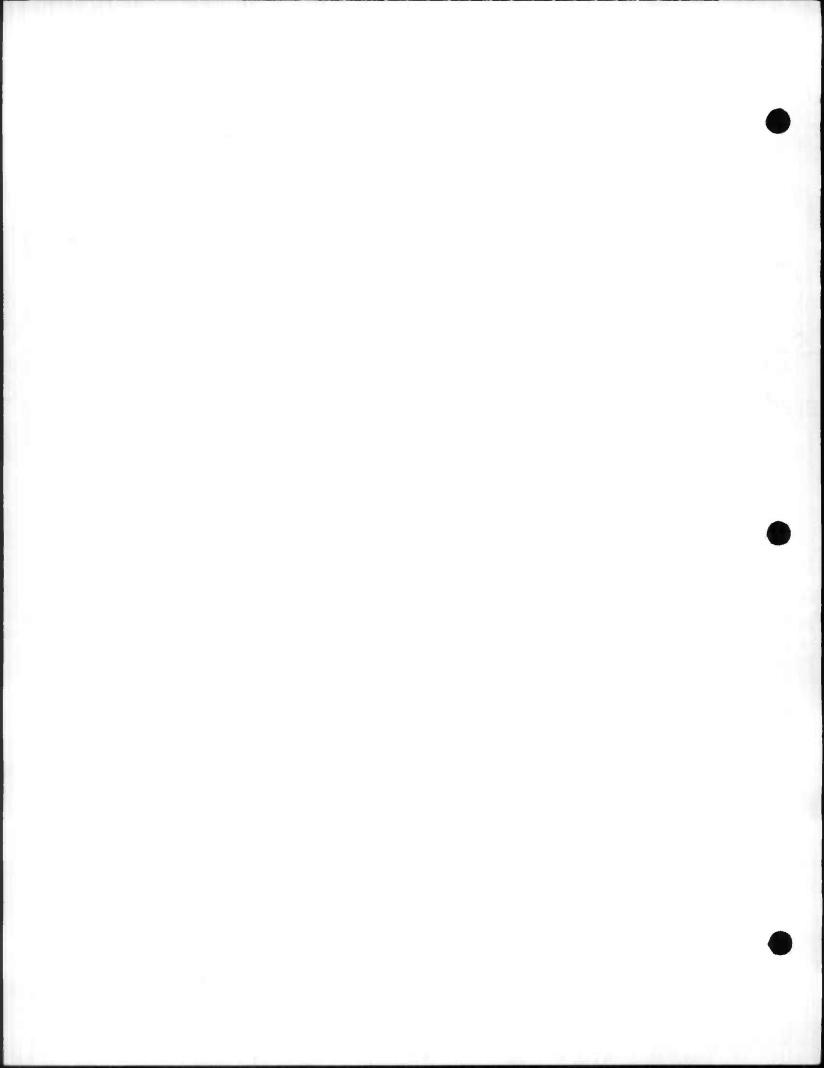
	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest) Stanley	P	PETRONE			2. DATE OF OEATH DO NONTH DO NOTH	[*] 1991	YEAR	1:05 p.m.m		
	4. SOCIAL SECURITY NUMBER 579 10 7966	1½ M 2 □ F 94	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-16-189	6	6. BIRTHPL Country) Italy	ACE (State or Foreign		
TOR	90. FACILITY NAME (If not institution, give s Carroll Manor RESIDENCE OF DECEDENT								Prince George's		
DIRECTOR	10a, STATE 10b, COUNT	e George's		town on Locat verdale	ION			Dd. INSIDE CITY LIMITS?			
FUNERAL	100. STREET AND NUMBER 5505 59th	5505 59th Avenue			101. ZIP CODE 20737				tates		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XXWidowed 4 Olvorced	Never Merried 2 Merried FORCES? 1 YES 2 NO			ENDENT OF HISPAN ecify Cuban, Mexica 2012 NO Specify	NC ORIGIN? (Specify Yen, Puerlo Ricen, etc.)	a or No	14. RACE — Bleck, V Specify: Whi	- American Indian, Whita, atc.		
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo		16b, KIND OF BU	SINESS/IND	DUSTRY			
H	17. FATHER'S NAME (First, Middle, Last) Nicholas Pe		Mary 3	ME (First, Middle, Meider Josephine	Petro						
P	190. INFORMANT'S NAME (Type/Print) Josephine Petron	20				Route Number, City or Tow dale, MD					
	20a. METHOD OF OISPOSITION 1 Burlel 2 Cremetion 3 Head 4 Donation 6 Other (Specify)	20b.	PLACE OF DISPOSI	TION (Name of cer	netery, cremetory or	20c. LC	CATION -	city or Town			
	21. SIGNATURE OF THERAL SERVICE LI	Kleel	_	Rendo		сыту Lanham Fun Ls Rd., La		-			
CERTIFICATION	23. PART Enter the diseases, pr shock, or haert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	h es cardlec or reap	lratory srr	rest,	Approximate Interval Between Onset end Daath						
PHYSICIAN: MEDICAL C	PART II. Other significent condition O-canic Colors	g ceuse given in	PERFO	PERFORMED? 1 TYES 2 XIXO		WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?					
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch				N/A		
B	1 YES 2 XX60 27. MANNER OF DEATH XX Netural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Outp 28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	28b. TIME INJU	OF 28c. IN.	URY AT PRK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street			ite Number		
BE COMPLETED	4 Homicide determined	building, etc. (Spec	clfy)			City or Town, State)				
COMP	anel 2 DICAL EXAMIN	SICIAN: To the best of my know ER: On the basic of examination			leath occured at the	time, date end place, e	nd due to th	he ceuse(e)			
TO BE	290. BIGHATURE AND THE OF CENTURE 30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	27) (Type,	Print)	D310	100	•	01-0	7-91		
	Stuart Turkewitz	, M.D., 7500	breenway	Center	Dr., Gr	eenbelt,	MD 20	770			
	31. PETE FILED (Money 90 gr. Year)	32. REGISTRAR'S SIGN							154		



BALTIMORE, MARYLAND 21203-TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic IMPORTANT. If Item 28 is marked, or Item 28 shows any Indian.

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y death w	is marked, or	
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	FOR STATE REGISTRAR	TATE OF MARYLAND /		OF HEALTH AND I	MENTAL HYGIEN		66
,	1. DECEDENT'S NAME (First, Middle, Last)	ud Des	uge f	urnell	2. DATE OF DEATH DO	AY , 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	SEX B. AGE (In yes. Ins	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	? DATE OF BIRTH (Month, Day, Year)		PATHPLACE (State or Foreign puntry) HASIN, Md
TOR	98. FACILITY NAME (If not institution, give street a 8501 Strand	hire Rd	96. CITY	TOWN OR LOCATION OF DE	ATH	9c. COUNTY O	of DEATH
DIRECTOR	10e. STATE 10b. COUNTY MO. WO 1.	cester	10c. CITY, TOWN C	r LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 YNO
FUNERAL	100. STREET AND NUMBER 850/ Dronk	There Rd.		101. ZIP CODE 2/8//	/	10g. CITIZEN	OF WHAT COUNTRY?
BY FU	1 Never Married 2 17 Married	WAS DECEDENT EVER IN U.S. AF FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPAN If yes, specify Cubert, Mexica I VES 2 NO Specify	n, Puerto Rican, etc.)	N 10	RACE — American Indian, Black, White, etc. Specify:
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COMPLET	17. FATHER'S NAME (First, Middle, Lest)	Pukne	Abore,	1	ME (First, Middle, Malden	Surname)	tarde
TO BE	190. INFORMANT'S NAME (Type/Print)	Symull 19	b. MAILING ADDRES	S (Street and Number or Rural)	Poute Number, City or Tow C	m, State, Zip Cod	0)
	20e, METHOD OF DISPOSITION 1 X Surial 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State 20b. PLACE other p	OF DISPOSITION (No leco)	ume of cometory, crometory or	lest Quo	PONCO R	or Town, State d, NEWARK Md,
	21. SIGNATURE OF FUNERAL SERVICE LICENTI	Jallon	P. P.	NAME AND ADDRESS OF FA	920 m	d. 21	1801
	A CHARLES AND A SHARE THE PARTY OF THE PARTY	only one cause on each line	eeth. Do not enter	the mode of dying, suc	h es cardiec or resp	iretory srrest,	Approximete Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	Candiaco DUE TO (OR AS A CONSE	OUENCE OF):	est			Office and Destin
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	ler tre	heart	disia	De	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUETO (OR AS A CONSE	OUENCE OF):				
Ä	PART II. Other significent conditions of	ontributing to deeth but not	resulting in the u	nderlying couse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI		-			1 _ YES	2 <u> </u>	DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTHE	28. PLACE OF DEATH (Ch	neck only one)		
IVSI		Inpatient 2 ER/Outpatient 28s. DATE OF INJURY		rsing Home 5 - Residence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	200. DEGUNDE NOT	1100117 000011	
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street, fac	tory, office	28f. LOCATION (Street City or Town, State	end Number or F	Rural Route Number,
COMPLETED	(Original Orin)	N: To the bast of my knowledge, d					ouse(e) end manner ee stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	-	•	29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
TO B	Douber De	ne MI	D.	031	914	12/	13/91
-	30. NAME AND ADDRÉSS OF PERSON WHO CO	e m.D. /	EM 27) (Type, Print)	d O.C. BI	lud Ber	lin un	d
3	31. DATE FILEP EBPT DOE 1009	32. REGISTRAM'S SIGNATURE	A		,		



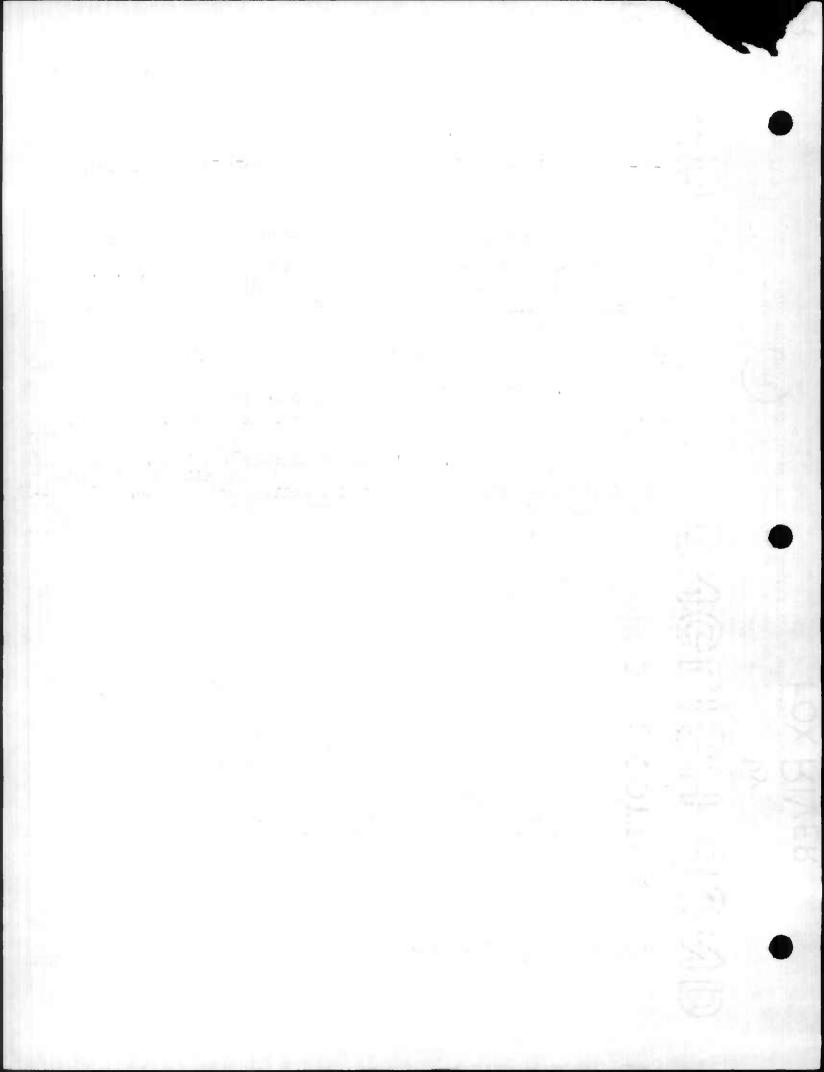
by the hastoria or attending physician.	Non detection or use as the burial-transit permit, Pages 1, 2, 3 should)	at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the manner of attending physician.	funeral director, page 5 should		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one

30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year) FEB 20 '91

	idle, Last)			CERTIF	CATE	E OF I	JEAI		2 DATE	REG. NO),	_	3. TIME OF DEATN
Games Co. And a Co.	Jeff	rey	R.		Pi	itche	r, 9	Sr.	MONT		AY	RABY	8:40AM
4. SOCIAL SECURITY NUMBER				lest birthday)	IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH	55	8. BIRTH Count	HPLACE (State or Foreign try)
131-38-4538 Pa. FACILITY NAME (If not institu		№ M 2 🗆 F	35	YRS.	21.000					1)-17.			York
		Avenue E			96. CITY,	r, TOWN OF	LOCATIO	ON OF DE	AIN		9c. COUN		Georges Co
RESIDENCE OF DECEL	DENT	Avenue E	XIT								1		ecorges ec
	b. COUNTY	C - 1	h = 3	10c. CIT	Y, TOWN C	OR LOCATIO		ahan	ecta	dar			10d. INSIDE CITY LIMITS?
New York		Schenec	tady			100	ZIP CODE		ecta	ay	I		1) YES 2 NO
	L Van	Vranken	Aven	16		107.	ZIP CODE	123	808				
11. MARITAL STATUS		2. WAS DECEDENT I	EVER IN U.S.	ARMED	13.	WAS DECE	NDENT O			t? (Specify Ye		14. RAC	E - American Indian,
1 Never Married 2 Mai		FORCES? 1 D	□ио		Il yes, spec				Ricen, etc.)	7	Spec		
3 Widowed 4 M Divorced	بليبي	Navy								PRICE PROPERTY OF			White
(Specify only his	1	mpleted)	16a	Give kind of v	work done	during most	of working	ng	166	KIND OF BU	ISINESS/IND	USTRY	
Elementary/Secondary (0-12)		College (1-4 or 5+)	loye	d				N/	A				
17. FATHER'S NAME (First, Middle					18. MOTI	NER'S NA	ME (First,	Middle, Melden	Surname)				
	S.	LeRoy Pi		W.O.S	Ad	a J.	Pon	son					
19a. INFORMANT'S NAME (Type	(Print)	19b. MAILING ADDRESS (Street and Number or Burel Box											
Ada Pitcher			an v.	ranke	en A	ve.	DCI.	lenecu	ady, New IOTK 12)00 OCATION - City or Town, State				
4 □ Donellon 5 □ Other (Sp 21. SIGNATURE OF FUNERAL S ► Prichael 23. PART I. Enter the dise	ERVICE LICEN Por	wrgull	St.	deeth. Do r	S Lu 22.	thera NAME AND	Carr	ollt	on F	16 Collarzul	lo Fu Upper	nera co,M	ew York al Service Maryland 2 Approximeta Interval Between
23. PART i. Enter the disease or condition	ERVICE LICEN Por	Wagella- mplications that cet only one cause	St.	John deeth. Do r	S I ₁₁ 22.	thera NAME AND	Carr	ollt	on F	16 Collarzul	lo Fu Upper	nera co,M	al Service Maryland 2
23. PART i. Enter the diseshock, or heer immediate CAUSE (Finel disease or condition resulting in death) Sequentially list condition	ERVICE LICEN P D 2 asea, or cor t fellure. Licen a.	Magnifications that of the only one couse	St.	John deeth. Do r	S I U 22.	thera NAME AND	Carr	ollt	on F	16 Collarzul	lo Fu Upper	nera co,M	Approximate Interval Between
23. PART i. Enter the disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ERVICE LICEN P D 2 Basea, or cor 1 fellure. Lie a.,	INTERIOR THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T	St	John deeth. Do rillne.	S III 22. 3 not enter	thera NAME AND	Carr	ollt	on F	16 Collarzul	lo Fu Upper	nera co,M	Approximate Interval Between
23. PART i. Enter the diser shock, or here immediate or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST	envice Licent P D & Rees, or cort fellure. Lie c. d.	DUE TO (O	St	John I	S I 10 22. 3 3 not enter	thera NAME AND 3981 (Carr	ss of fa	con F	arzul.	lo Fui Upper	mera co,N	Al Service Maryland 2 Approximeta Interval Betwo Onset and De
23. PART I. Enter the disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	envice Licent P D & Rees, or cort fellure. Lie c. d.	DUE TO (O	St	John I	S I 10 22. 3 3 not enter	thera NAME AND 3981 (Carr	ss of fa	con F	Cod larzul.	lo Fui Upper	mera co,N	Approximeta Interval Betwo Onset and De
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23. PART I. Enter the disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	envice Licent P D & Rees, or cort fellure. Lie c. d.	DUE TO (O	St	John I	S I 10 22. 3 3 not enter	thera NAME AND 1981 (Carr	ss of fa	con F	24s. WAS APPERFO	lo Fui Upper Nautopsy RMED?	mera co,N	Approximeta interval Batwo Onset and De
23. PART I. Enter the disershock, or heer immediate or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant	ecity) ERVICE LICEN Reea, or cort fellure. Licen a. c. d. conditions	DUE TO (O	St	John I	S I 10 22. 3 3 not enter	NAME AND 3981 () The mod	Cause	ss of FA	con F	24a. WAS AND PERFO	lo Fui Upper Nautopsy RMED?	mera co,N	Approximeta interval Batwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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23. PART I. Enter the disesse or condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Pines to include the cause or condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events reauting in death) PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? 1. TAYLOW TO MEAN TO MEXAMINER? 26. WAS CASE REFERRED TO MEXAMINER? 27. MANNER OF DEATH	ERVICE LICEN POR BEOR, OF COI 1 fellure. Lie c. conditions	DUE TO (O	St Deused the on each as a con each as a con each but n	John Inc.	S III) 22. 3 not enter F): F): OTHEE 4 Nur	NAME AND 3981 () The mod	Cause	ss of FA	Part I.	24a. WAS AI PERFO	IO FUI Upper NAUTOPSY RMED? 2 □ NO SCENE INJURY OCC	nera co, M est,	Approximeta interval Betwo Onset and De Onse
23. PART I. Enter the disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? CAUSE (Disease or injury that initiated events reaulting in death) LAST	ERVICE LICEN POR BEOR, OF COI 1 fellure. Lie c. conditions	DUE TO (O	St Decised the son each PR AS A COM PR	John side of the second of the	S III 22. 3 not enter F): F): OTHE 4 Nur IJURY 7AM	NAME AND 3981 (7 the mod r the mod r the mod reflying 26. PLJ R: raing Home 28c. INJU 1 Yi	Cause :	ss of FA	Part I.	24a. WAS AI PERFO 1 YES OF (Specify) SCRIBE HOW	NAUTOPSY RAMED? 2 NO Scene INJURY OCC an stu	244	Approximeta Interval Batwo Onset and De Onse
23. PART I. Enter the diserror immediate or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINERY IN CONTROL TO MEXAMINERY IN CON	ERVICE LICEN POR Base, or con 1 fellure. Lie c. d. conditions	DUE TO (O DUE TO (O CONTributing to de HOSPITAL: Inpetient 2 1 28e. DATE OF IN	St St Secured the coursed the content of the course of the cou	John side of the second of the	S In 22. 3 not enter F): F): OTHEL 4 Nur 10 Nur	NAME AND SPECIAL PLANTS AND SPEC	Cause :	ss of FA	Part I.	24a. WAS AND PERFORM (Specify) SCRIBE HOW LEST 12	NAUTOPSY HAMED? 2 NO Scene INJURY OCC An Stu	244	Approximeta interval Batwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset Arribbe
23. PART i. Enter the diserence of the condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition fi any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per Accident 3 Suicide 6 Condeted	ecity) ERVICE LICEN P	DUE TO (O DUE TO (O	St. St. St. St. St. St. St. St. St. St.	John Inc.	S IN 22. 3 not enter F): F): or Heid 4 \(\text{Nur} \) street, fact road	nderlying 26. PL/R: rsing Home 28c. INJU WOF 1 □ Y ctory, office d	Cause :	given in	Part I.	24a. WAS AI PERFO 1 YES 1 YES 1 SCRIBE HOW CSTION (Speedly) SCRIBE HOW CSTION (Speedly) Branco Branco Branco Y Bra	N AUTOPSY HAMED? 2 NO Scene INJURY OCC and Number Ch Ave	244	Approximeta Interval Batwo Onset and De Onse

LETED CAUSE OF DEATH (ITEM 27) (7/00, PHIN)
WORLD HIS PSYS IS TO UT HE. III PERMYST KIRLINGERIND

DNMN-16 Rev 1/89



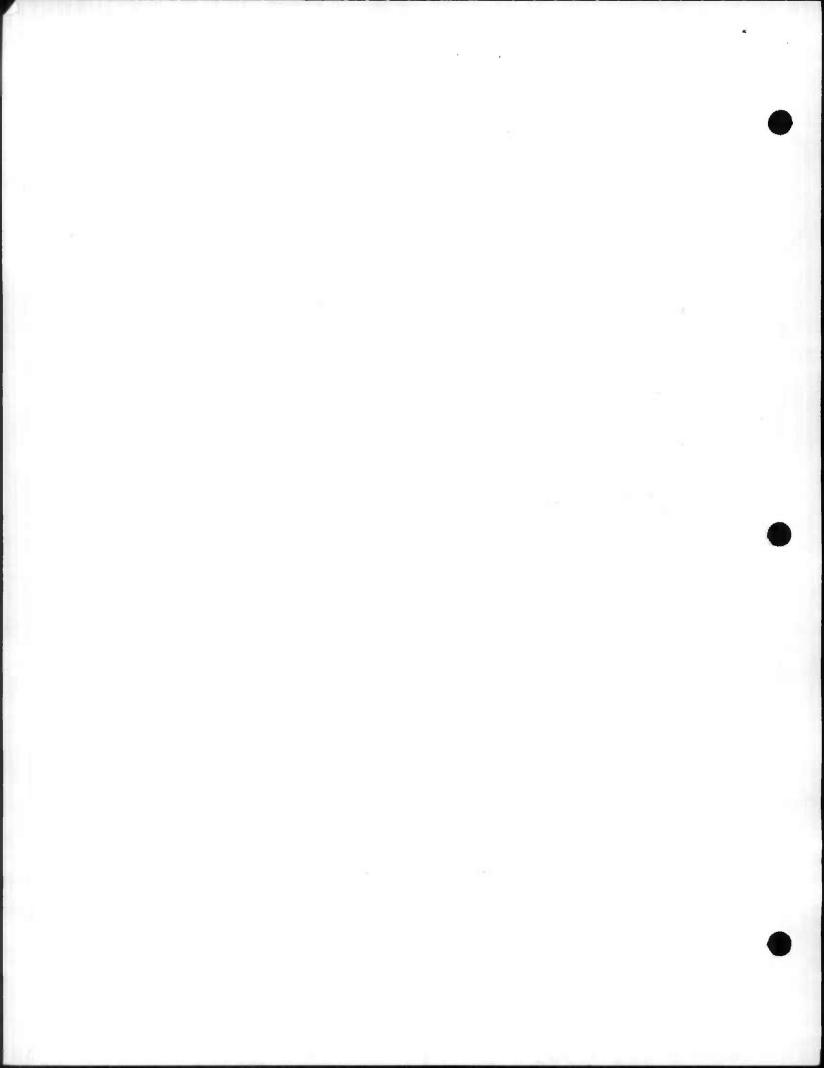
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

NEGISTNAN				- IIII	IOAI		DEA		NEV	3. NO.			
1. DECEDENT'S NAME (First, Edw.)	ry	MC				2. DATE OF DE MONTH 2	14 ^Y	1991	3.]	1:25 A M			
4. SOCIAL SECURITY NUMBER 179-03-73		5. SEX	6. AGE (In yrs. I	est birthday) YRS.	IF UNDE	DAYS	HOURS	MIN.	7. DATE OF BIR (Month, Day, 9-19	TH (6ar) (-07		ountry)	Jersey
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b, CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D							-
Berlin N	ursing					Berl						rces	
RESIDENCE OF DEC	10b. COUNT	4		I 40. 017	Y TOWN OR LOCATION 104 INC						4 MINIST OUTV		
Del.		ssex			Lewe	21100					LIMITS7		
100. STREET AND NUMBER	ox 190)				10	or. ZIP CODE	958		-10	_	OF WHA	T COUNTRY?
11. MARITAL STATUS	021 130				1 10					0.0			A = 2 (10 to 40)
1 Never Married 2	Marriad	12. WAS DECEDER	YES 2	NO	13.				C ORIGIN? (Spe , Puerto Ricen,		NO- 14.	Black, W	American Indian, hite, atc.
3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES			1 YES	8 2 NO	Specify:	2201			Specify:	White
15, DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL C	OCCUPATI	ION		16b. KIND	OF BUSINE	ESS/INDUST	RY	
Elementary/Secondary (I	y highest grade 3-12)	College (1-4 or 5		Engin	se retired.)	aunng m	ost of worlding	,	Ch	emica	al		
17. FATHER'S NAME (First, M	Helello Louth						40 140774	CDYO MAN	AE (First, Middle,	Afridae Die			
E. Ellio		ry			_				lasket	Melden Sun	memej		
19a. INFORMANT'S NAME (Type/Print)		T	19b. MAILING	ADDRES	SS (Street	and Number	or Rural R	oute Number, City	or Town, S	Stata, Zip Cod	(a)	
Edwin B.		, Jr.		RD	2 E	Box 1	190	Lewe	es, Del	., 19	9958		
20a. METHOD OF DISPOSIT 1 Pairial 2 Crematic 4 Donalion 6 Other	on 3 Ram	oval from State	20b. PLAC	place)			emetery, crem	1			TION — City		
21. SIGNATURE OF FUNERU		course / /		Cores			netery		NI ITV	Cne.	rry H		INU
· Ima	M	lix							eral Ho	me	Berl:	in,	Md.
23. PART I. Enter the d	Iseasea, Dr	complications th	at caused tha	daath. Do	npt anta	r tha m	oda of dyl	ng, such	aa cardlac D	r reepirat	bry arrest,		Approximate
ahock, or h IMMEDIATE CAUSE (FI disease or condition		List only one ca		ne.									Onset end Daath
resulting in death)	\rightarrow	a. CI				_							
	_		O (OR AS A CONS	SEOUENCE O	OF):								
Sequentially list condi-		b	OR AS A CONS	SEQUENCE O	PF:								+
if any, leading to imme cause. Enter UNDERLY			neralia		,	inec	laros	ic					
CAUSE (Disease or inje		G	OR AS A CON			1050	Teros	12					
that initiated events resulting in deeth) LAS	т	. DUE R	OH AS A CON	SECUENCE C	nej:								į
		g											
PART II. Other algolfic	ent condition	na contributing to	deeth but no	t resulting	In the t	ınderiyli	ng ceuae g	lven in		WAS AN AU			ERE AUTOPSY FINDINGS
										PERFORME		C	MILABLE PRIOR TO OMPLETION OF CAUSE
									— '''	YES 2	KNO		F DEATH?
									-			1	YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL	Γ				26. 1	PLACE OF D	EATH (Che	ack only one)				
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4X N				6 Other (Spe	cify)			
2-2-3-	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	26b. TH	ME OF JURY M	W	VORK?	NO	28d. DEŞCRIBI	E HOW INJI	URY OCCUR	ED	
2 Accident 3 Suicide a 4 Homicide	Could not be detarmined		OF INJURY — AI , atc. (Specify)	home, farm,	alreel, fo	ictory, off	Ice		2af. LOCATION City or Tow		f Number or i	Rural Rou	te Number,
20a CERTIFIER													
Correct only		ER: On the best of										ause(a) <i>a</i>	nd menner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	R				p=-	7/1	NSE NUM	ABER				fonth, Day, Year)
30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	USE OF DEATH (TEM 27) (Typ	e, Print)		D02				▶2/14		
F.G. H	RTHE	SMO	3	BAY	1 5	1	17	SP	421	MO	218	11	
31. DATE FILED (Month, Day	'01	32. REGISTI	Davidson	Pandell	2.								
I ILU I)	31	10		-									



TO BE COMPLETED BY FUNERAL DIRECTOR

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2		Ħ
DIPONIS C	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	OINIE OF MARIE	CERTIFIC		DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, L Jack	Stinson	Polk			2. DATE OF DEATH MONTH 2/05%	191 YEAR	3. TIME OF DEATH 9:50PM
4. SOCIAL SECURITY NUMBER 553-10-5514	5. SEX 1 1 7 2 F		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. BH	ATTHPLACE (State or Foreign
9s. FACILITY NAME (II not institution, g Severna Pk. M	erridean N.H.		Sever	Arundel			
10a. STATE 10b. CO	nne Arundel	10c SEV	BAH3 rot	Alionk			10d. INSIDE CITY LIMITS? 1 YES NO
100. STREET AND NUMBER 24 Truckhouse	Road		1	of. ZIP CODE 213	146	10g. CHTZEN	PAYHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 YES	2 NO	If yes, t		NC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	В	ACE — American Indian, Ilack, White, atc. Pecify: Caucasian
15. DECEDENT'S (Specify only highest g	EDUCATION grade completed)	16a. DECEDENT'S U (Give kind of wo	vrk done during n	TION nost of working	16b. KIND OF BU	SINESS/INDUSTR	Y
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.) ct Mana		Pan Ar	n Airli	nes
17. FATHER'S NAME (First, Middle, Last				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
19a. INFORMANT'S NAME (Type/Print) Mr. Edwin C.	Polk			and Number or Rural ne Avenue	Route Number, City or Tow Severn		MD 21146
20e. METHOD OF DISPOSITION 1	Ramoval from State	Metro Cre	rion (Name of a	remetery, crematory or		cation - city o	r Town, State
21. SIGNATURE OF BUNERAL SERVICE	LICENSEE			AND ADDRESS OF FA		Ritchie	
France G	- Hours	nes.	Barra	nco Fune	ral Home S	everna 1	Park MD 21146
MMEDIATE CAUSE (Finel disease), and ck, or heart falls disease or condition esulting in death)	s. Parki	iach lina.	Sea		th se cerdiac or resp	iratory arrest,	Approximats interval Between Onsat and Dasth
Sequantially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF)					
PART II. Other significent cond	itions contributing to death i	but not resulting in	tha underly	ing causa given in	Part I. 24e. WAS AP PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. QTHER:	PLACE OF DEATH (C/	neck only one)		
1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 28b. TIME INJU	OF 28c.	NJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D
2 Accident Investigat 3 Suicide 8 Could no 4 Homicide datarmine	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, at			281. LOCATION (Street City or Town, State		ıral Route Number,
Check only	PHYSICIAN: To the best of my know						use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERT	W. Kinze	~ M	D	29c. LICENSE NU	928	≥ Fe	MED (Month, Day, Year) 6 6, 1991
30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print) An	napoli	s. Maru	land	21401
FEB 1 2 199	1 Julia Davidon	panded		1	,)	

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

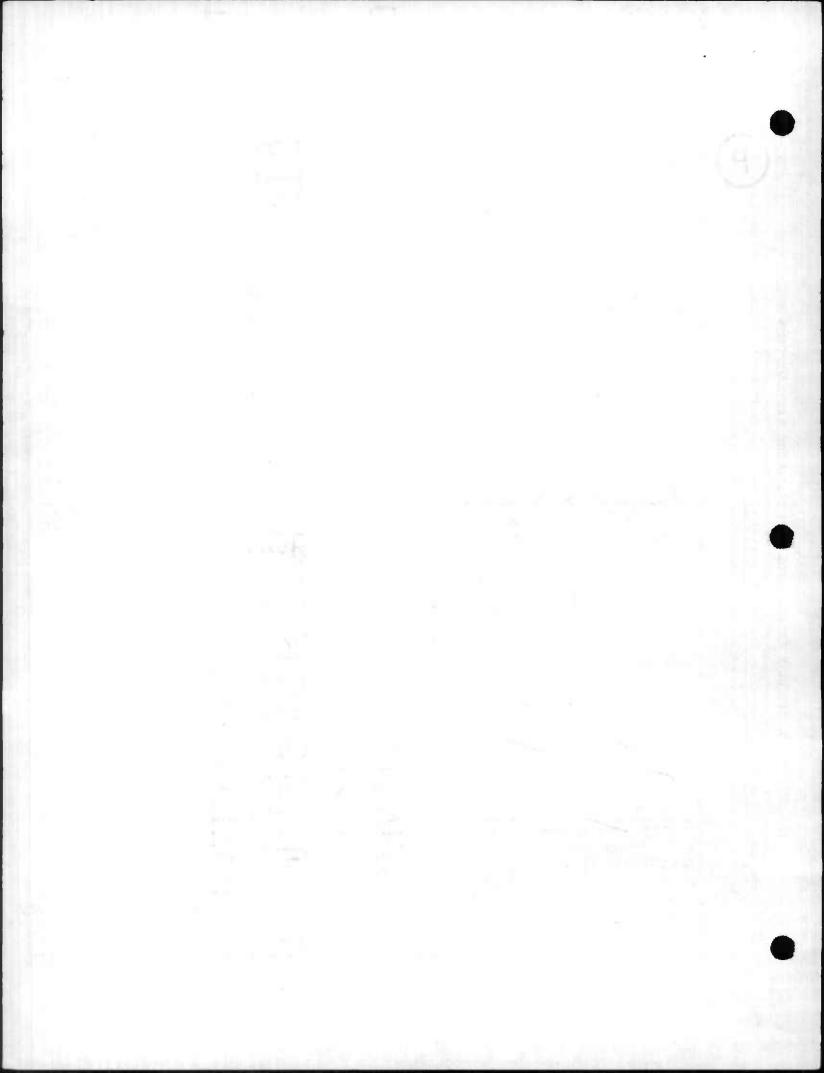
REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Middle, Last)	Dal				2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
C Greace Lee				1	02-1	5 - 91	101.55 t
578-07-2494	1 XM 2 □ F 9	E (In yrs. lest birthday) O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) Oct. 1, 19	C	HRTHPLACE (State or Foreign country) TGÍNÍA
9e. FACILITY NAME (If not institution, give at				OR LOCATION OF D	EATH	9c. COUNTY	
Clearview Nursin	g Home		Hagers	town		washin	gton
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
MD Washi	notan		thsburg				LIMITS?
10e. STREET AND NUMBER	nyton	Silve		Of, ZIP CODE		10a. CITIZEN	OF WHAT COUNTRY?
Rt. 4 Box 229				21783		u.s.	Α.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, t	CENDENT OF HISPA specify Cuban, Mexic S 2 NO Speci	NIC ORIGIN? (Specify en, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIfe. Do NOT us	se retired.)		1000		
		Mainten	ance Wo	rker	Corps	of Engi	neers
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meid		
Clarence L. Port	er			Mattie	2 L. Harri	s	
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or 1	own, State, Zip Cod	(e)
Dorothy L. Thack	er	Rt. 4	Box 22	9 Smithsl	ourg, MD 2	1783	
20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remote 4 Dongtier 5 Other (Specify)	ovel from State	Fort Linc	oln Cem	emetery, crematory or exeru		entwood.	
21. BIGHATURE OF PUNERAL SERVICE LIC	CENDEE	7		ANO ADORESS OF F		sir aroo a,	
Lennis	2 No	wis	Dav	is Funera	ul Home Smithsbu	vra.MD	21783
23. PART I. Enter the diseases, or cehock, or heart failure.							Interval Betw
IMMEDIATE CAUSE (Final disease or condition	0 11	1	•				Onset and D
resulting in death)	· pronekas	e produce and the	-				2 eres
	DUE TO JOH A	S A CONSEQUENCE O	4.	1	Sie		1
Sequentielly list conditions,	b. Chiesce's	S A CONSEQUENCE OF	the like	tornoug	Puller		
if eny, leeding to immediate cause. Entar UNDERLYING	10 (0)17	P M SONSESSENCE S					
CAUSE (Disease or Injury that initiated events	E. DUE TO (OR A	S A CONSEQUENCE O	F):				-
resulting in death) LAST	2						
	4						
PART II. Other eignificent condition	a contributing to death	but not resulting	In the underly	ng ceuse given ir	Part I. 24s. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINO AVAILABLE PRIOR TO
						2.0-NO	COMPLETION OF CAU OF DEATH?
							1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/0	utpstient 3 🗆 DOA	OTHER:	ome 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH	28s. DATE OF INJUR		E OF 28c. I	NJURY AT	28d. DESCRIBE HO	W INJURY OCCUR	ED
1 Natural 5 Pending Investigation	(Month, Day, Yea	IN.		VORK? YES 2 NO			
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm, specify)	street, factory, of	fice	20f. LOCATION (Stree City or Town, St		Rural Route Number,
29e, CERTIFIER			nista esta			100-12-0-0	
(Check only	ICIAN: To the best of my kn						euse(a) and manner as state
29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c, LICENSE NU	JMBER	29d, DATE SIG	GNED (Month, Day, Year)
		1		1000		> 2	110/01
38. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)	1/0/0	,/		
Edson B. Moody MI				town MD	21740		
31. DATE FILED (Month, Day, Year)	32 REMSTDADISE	GNATURE S	nagers	100012, 1110			
FEB 19'91	guha Dai	IGNATURE Pande	22				
I EV	1 (/						

TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is befined within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTR	ΑR
ì	1. D	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Les					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
SOMABHAI	RAVJIBHAI		TEL			29, 1991	5:50 a'
4. SOCIAL SECURITY NUMBER 220–29–3234	5. SEX 6. AG		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-8-1918	8. BIRT Coun	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give	e street and number)	91	b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY OF	DEATH
Doctors Communit	y Hospital		Lan	ham		Prince	George's
Maryland Mon	tgomery	Silv	er Spr	ing			16d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2901 Shepperton	Terrace			1. ZIP CODE 20904		109. CITIZEN OF Kenya	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.) y:	Ble	CE — American Indian, ck, White, etc. city: Indian
15. DECEDENT'S E (Specify only highest gri		16a. DECEDENT'S US (Give kind of work	UAL OCCUPATI	ON net of working	186. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Tailor	etired.)	ost or working	Self Er	nployed	
17. FATHER'S NAME (First, Middle, Last)		•		16. MOTHER'S NA	ME (First, Middle, Maiden	-	
Raujibhai B. Pa	tel			Valiben	J. Patel		
19a. INFORMANT'S NAME (Type/Print)	·	19b. MAILING AD	DRESS (Street	and Number or Rural	Route Number, City or Town	n, State, Zip Code)	
Prakashbabu Daya		2901 Sh	eppert	on Terra	ce Silver S	Spring.	MD 20904
20a. METHOD OF OISPOSITION 1 Burlet 2 A Cremetion 3 R	amoval from Stata	20b. PLACE AND DATE Of cemetary, crematory or	F DISPOSITION	Name (Name	DATE 20c. LO	CATION — City or 1	Town, State
4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		Baltimore-W		ton Crem		rel. Har	yland
21. SIGNATURE OF PUNERAL SERVICE	LICENSEE			uneral Home, Inc. aurel, MD 20707			
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CG 7G DUE TO (OR A) DUE TO (OR A) C. DUE TO (OR A)	S A CONSEQUENCE OF): WORE A: B A CONSEQUENCE OF): D VOLUM S A CONSEQUENCE OF):	nary	ia with	shock		
reaulting in death) LAST	d. C.	18h1515	1	iver			
PART II. Other algorificant condit	ions contributing to deeth	but not resulting in the same of the same		ng ceuse given in	Part I. 24a. WAS AN PERFOF	MED?	IIb. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only one)		
1 TES 2 NO	HOSPITAL:		THER:	me 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea		RY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED	
2 Accident Investigation 3 Suicide e Could not determined	28e. PLACE OF INJU	IRY — At home, farm, stre	et, factory, offi	ce	281. LOCATION (Street City or Town, State)	and Number or Rura	I Route Number,
onel	YSICIAN: To the best of my kn				e time, data and placa, ar	d due to the cause	e(s) and manner as stated.
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	1	0 +	2549	7. 1	30-7/
31. DATE FILED (Month, Day, Year)	M.D. 32. REGISTRANS SI	650	671	Worth	Ave , K	iverage	le M.D.20
FEB 1 3 'S	y gana	pactagos - 1/2. to-					



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2^a nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

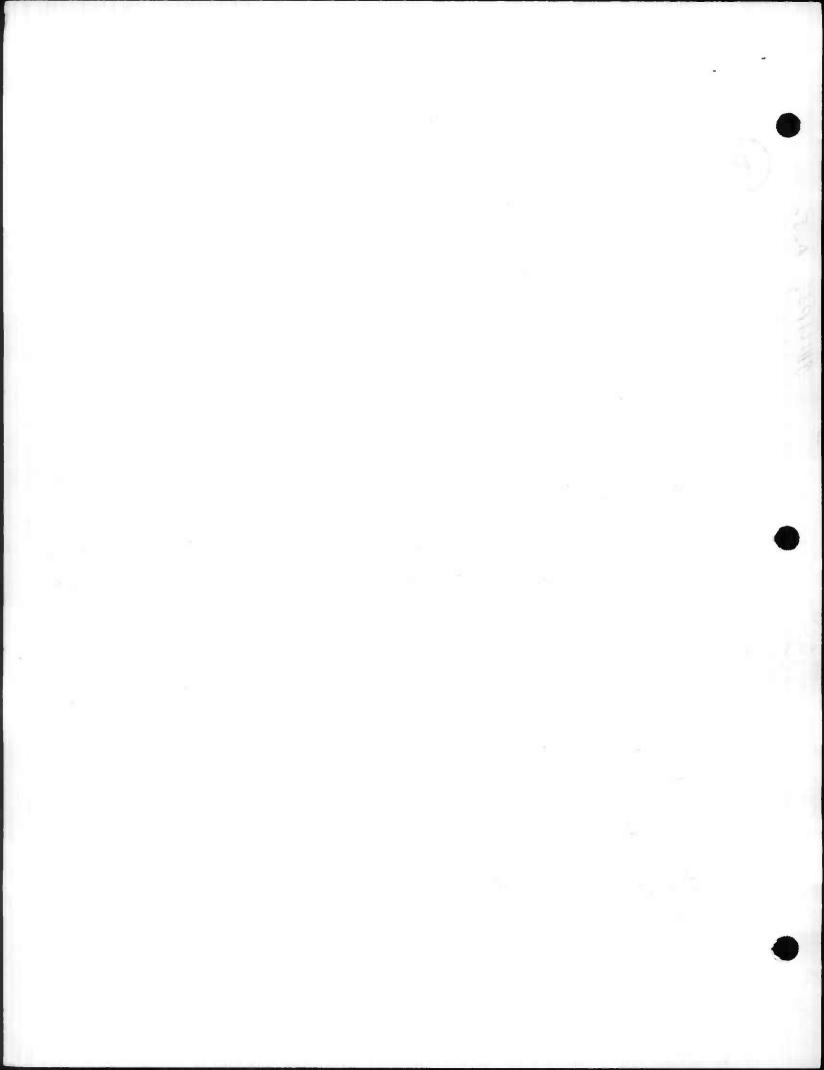
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-31467

1 - STATE REGISTRAR		OINIE OI I		CER	TIFI	CATE C	F DEATH	D IIIL	REG. NO.				
1. DECEDENT'S NAME (First,	, Middle, Last)			17				2	DATE OF DEATH		VEAD	3. TIME OF E	DEATH
		AJ	Phil	lips					2	w ₃	1991	12:4	15 A M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (I	n yrs. last bir		IF UNDER 1 YE		s. 7.	DATE OF BIRTH		8. BIRTH Countr	PLACE (State	or Foreign
410-64-3262		1 X M 2 T F	63		YRS.	WONTHS DAY	/S HOURS MIN	4.	(Month, Day, Year) 10-13-27		No	rth Ca	rolina
Sa. FACILITY NAME (If not in	stitution, give at	reet and number)				9b. CITY, TOV	VN OR LOCATION OF	F DEATI	н	9c. COI	JNTY OF D	EATH	
Greater Lau		ltsville	Hos	pital		Lau	rel		160	Pri	ince	George)
Maryland	нома:			191		rel rown on Lo	OCATION					10d. INSIDE LIMITS? 1 YES 2	V
100. STREET AND NUMBER 10091 Washi		Blvd. #1	7				101. ZIP CODE 20723				TIZEN OF V	VHAT COUNTR	177
11. MARITAL STATUS 1 Never Married 2 1 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE	WAR OR DA		•	If yes	DECENDENT OF HIS s, specify/Cuben, Me YES 2 NO Sp	xican, F	ORIGIN? (Specify Yee Puerto Rican, etc.)	or No—	14. RACE Black Speci	— American c, White, etc. lly:	
	EDENT'S EDUC	Korean		16a DECEL	ENT'S L	I ISUAL OCCUP	PATION		16b. KIND OF BUS	SIMESE /IN	Intietov	171111	,e
(Specify on	y highest grade	completed)		(Give I	and of wo	ork done during	most of working		I I I I I I I I I I I I I I I I I I I	3114E337114	DOSTAL		
Elementary/Secondary (0	F-12)	College (1-4 or 5	'n		(Cook			Childr	one	Cont	or	
17. FATHER'S NAME (First, M	liddle, Last)		0			JUUN	16. MOTHER'S	NAME	(First, Middle, Maiden		CELL	<u>e</u>	
William D.	Philli	DS							dwards	,			
19a. INFORMANT'S NAME (19b. M	AILING /	ADDRESS (Str			ite Number, City or Town	n, State, Z	ip Code)		
Helen Greel	ev			2	014	Sheri	dan Stre	et	Hvattsvi]	le.	CEL	20782	
20 METHOD OF DISPOSIT	TON	numl from State	20b.		DISPOSI	TION (Name o	cometery, crematory	or	20c, LO	CATION -	- City or To	wn, State	
4 Donation 5 Other		over nom state	_	J. 100	Mea	adowri	dge Memo	ria	1 Park Ba	ilt.	, Ma	yrland	1
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	\			22. NAM	E AND ADDRESS OF	F FACIL	"Fleck F	uner	al H	ome. I	inc.
	M	1	10		0.	760	1 Sandy	Spr	ing Road	Laur	el,	MD 20	707
iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY	dlons, diste	DUE TO	use on ac	ech line.				0	gular Glon		rrest,	Onset	ximata al Betwean and Daeth
CAUSE (Disease or Injuithat initiated events resulting in death) LAS		OUE TO	(OR AS A	CONSEQUE	NCE OF):							
PART II. Other significa	int condition	a contributing to	death be	ut not resi	ilting ir	the under	lying cause giver	in Pa			24b	WERE AUTOP	
									PERFOR	1		AWAILABLE PI COMPLETION OF DEATH? 1 YES 2	OF CAUSE
25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:			T		6. PLACE OF DEATH	(Check	conty one)				
1 TES ZINO		1 mpatient 2	☐ ER/Outp	atlent 3 🗆		OTHER: 4 - Nursing	Home 5 - Resider	nce 6	Other (Specify)				
	Pending Investigation	26a. DATE Of (Month, I	F INJURY Day, Year)	2	8b. TIME INJU	JRY	NJURY AT WORK? YES 2 NO	. "	ed. DESCRIBE HOW I	O YRULN	CCURED		
a Control	Could not be determined		OF INJURY , etc. (Spec		farm, st	treet, factory,	office	2	8f. LOCATION (Street City or Town, Stete)		er or Rural i	Route Number,	
one)									the cause(e) end ma			a) and manner	ee stated.
295-MONATURE AND TITLE	OF CENTRAL	MA	ine	m	n		29c. LICENSE	NUMB	6 6 G	29d. D/	Z/3	(Month, Day,	Year)
30. NAME AND ADDRESS O	0	O COMPLETED CAL	SE OF DE	ATH (ITEM 2	7) (Type,	Print)	Oak b	. 4	for la	vie	m	120	242
31. DATE FILED (Apply), Pay.	3"91	32. REGISTA	AR'S SIGN	WARE-A	andel	R.	WINC VI	9-7	,		1116	4 00	, - /



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	FOR STATE REGISTRAR	STATE OF MA	CE	RTIF	CATE C			MEN	TAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Le	wititam .	H. Pric	PRI	CE			2. D.	ATE OF DEATH	2 _	9 YEAR	3. TIME OF PEATH M	
J	4. SOCIAL SECURITY NUMBER 220-16-7633	5. SEX	B. AGE (In yrs. lesi 92	t birthday) YRS.	IF UNDER 1 YEA	_	ER 24 HRS.	(N	ATE OF BIRTH fonth, Day, Year		Coun	HPLACE (State or Foreign aryland	
1	9a. FACILITY NAME (If not institution, gh		72		9b. CITY, TOV	W OR LOCAT	TION OF OF		une 4		UNTY OF		
OR.	Dorchester Ge		spital			brid		AIII			Dorchester		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	APTV		10.00	Y, TOWN OR LO	0471011							
FUNERAL DIRECTOR	Maryland Do		bridg							10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
4	10e. STREET AND NUMBER			-		101. ZIP CO				10g. C	ITIZEN OF	WHAT COUNTRY?	
ER	604 Locust St	reet			j	2161	3				US		
BY FUN									Bla	CE — American Indian, ck, White, etc. cdy: White			
	16. DECEDENT'S E	DUCATION	16a, DE	CEDENT'S	USUAL OCCUP	ATION			16b. KIND OF	BUSINESS/I	NDUSTRY		
COMPLETED	(Specify only highest gr Elementary/Secondary (0-12)	college (1-4 or 5+)	(Gi	ive kind of a Do NOT us	work done during	most of work	king	ı					
4	4	-33-77 3307		Wate	erman				S	eafo	od		
Ö	17. FATHER'S NAME (First, Middle, Last)								irst, Middle, Mai			·	
BE (Thomas Smo	ot Price	Э				Edna	l	Augus	ta	Pric	ce	
2	19a. INFORMANT'S NAME (Type/Print)		100		ADDRESS (Str								
-	Penny Gibsor		_					S				21601	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 R 4 Donation	emoval from State	other pla	nco)	Lawn (Name o							Town, State	
	21. SIGNATURE OF AUNERAL SERVICE	LICENSEE	1 010		22. NAM	E AND ADDR	ESS OF FA	CILITY				al Home	
	* ffn w)	lones			700	Loc	ust	St	. Can	brid	ge,	Md. 21613	
	23. PART Enter the diseeses,	or complicatione that	ceused the de	ath. Do	not enter the	mode of d	lying, suc	h ss	esrdise or n	spiratory	srrast,	Approximate interval Between	
	IMMEDIALE CAUSE (LIUS)	re. List only one caus										Onset and Death	
	disease or condition rasulting in deeth)		emor									17 days	
		DUE TO (OR AS A CONSE	QUENCE O	F):								
CERTIFICATION	Sequentially list conditions,	b	OR AS A CONSE	DUENCE O	F):								
EX	If any, leading to immediate cause. Enter UNDERLYING	-											
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	DUENCE O	F):								
F	reaulting in death) LAST	d											
	PART il. Other significant condi	ions contributing to	leath but not i	requiting	In the under	lvina ceus	a given in	Part	I. 24a WM	AN AUTOPS	Y 24	4b. WERE AUTOPSY FINDINGS	
S	RENAL				failu				PEF	FORMEO?		AVAILABLE PRIOR TO COMPLETION DF CAUSE	
MEDICAL	CONGEST		EART	ſ.	FAILU	er			1 U YE	3 2 NO		OF DEATH?	
Σ		ive heart f			77100				_			1 123 2 100	
AN	25. WAS CASE REFERRED TO MEDICA				2	8. PLACE OF	OEATH (Ch	eck or	nly one)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER: 4 Nursing	Home 5 🗆	Residence	8 🗆	Other (Specify)				
Congestive heart failure 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 No 1 Netural 5 Pending Netural 5 Pe													
	3 Suicide 8 Could not	De building, 4	INJURY — At he etc. (Specify)	ome, farm,	street, factory,	office		281.	LOCATION (St. City or Town, S		ber or Rura	I Route Number,	
	_	1111						_				-	
COMPLETED	(Oriecti Oriny	INSICIAN: To the best of a										e(a) and manner as stated.	
8	2 MEDICAL EXAM			"amilan	ort, in my opine				relación	-			
H	296 SIGNATURE AND TITLE OF CERT	Thoker	uzica	me	9-	290.	CENSE NUI		09			12 - 91	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type	a Print)	0	, -		- /				

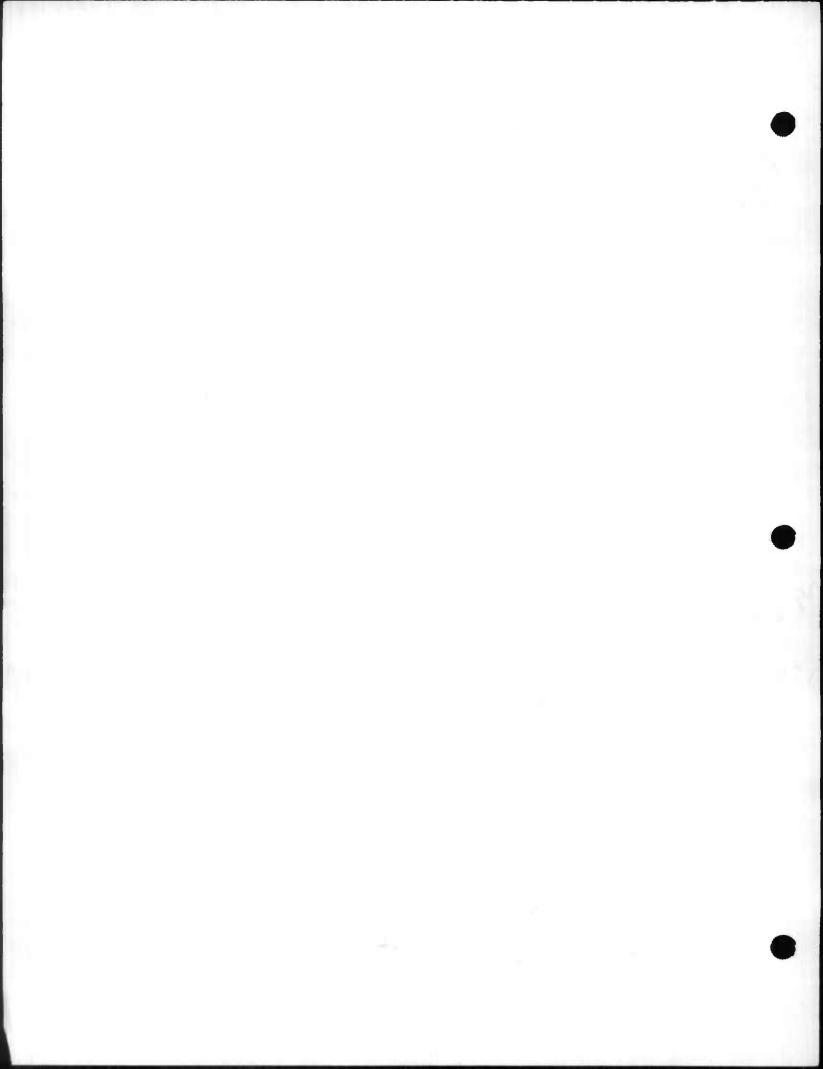
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DSILEWICZ

32. REGISTRAR'S SIGNATURE
Julia Say door-Randell

21613

BYEN St. CAMBRIDGE



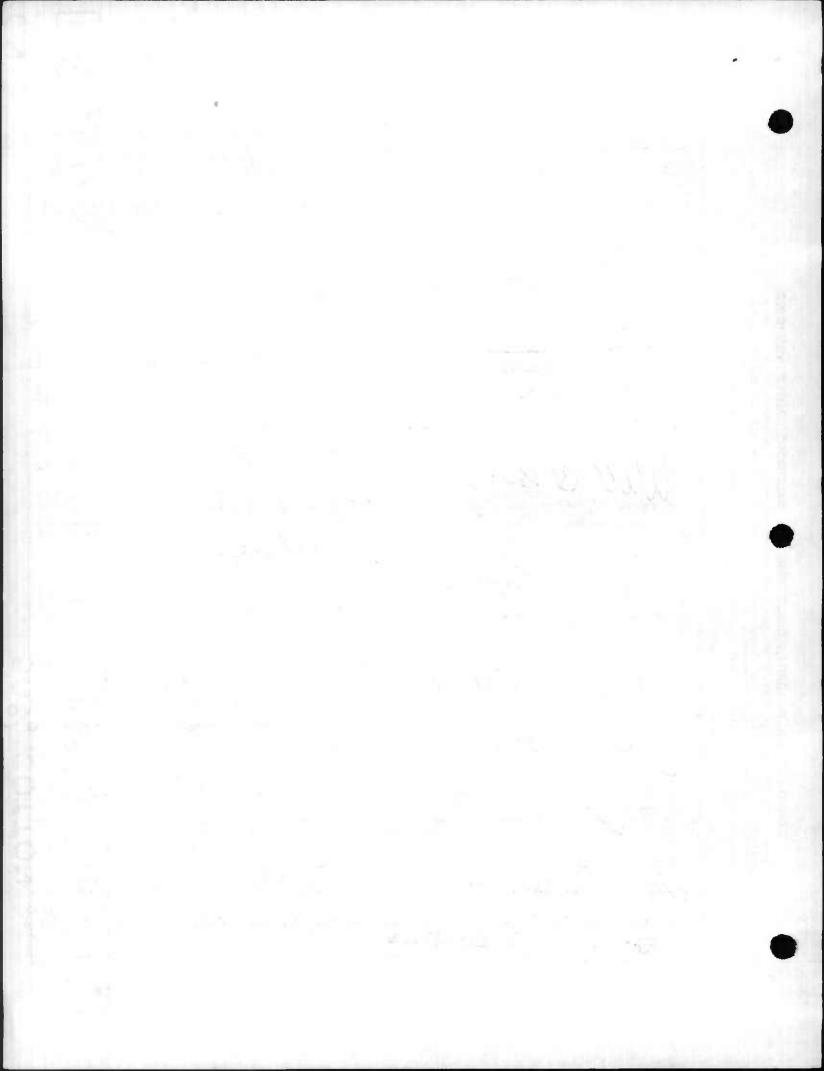
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	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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31. DATE FILED (Month, Day, Year)
FEB 1 9 '91

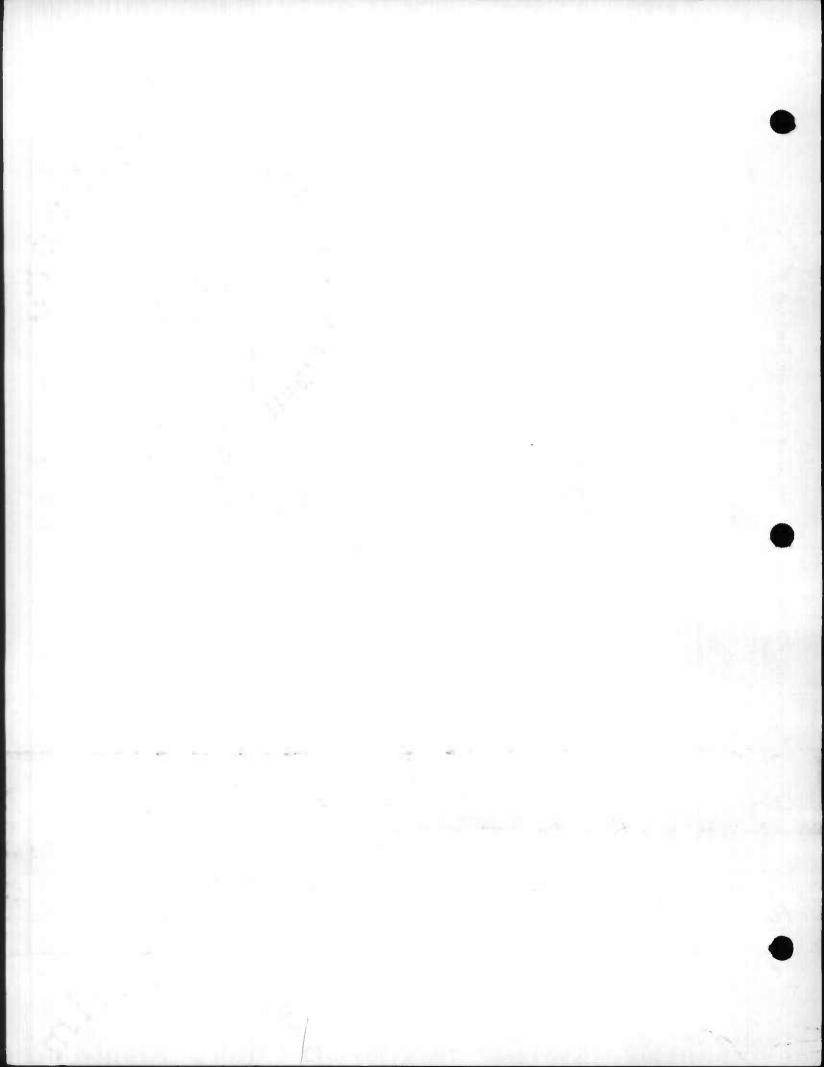
										9	1	0532	l,
	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / CE	DEPAR	CATE	OF HEAI	TH AND		HYGIEN	E			
	1. DECEOENT'S NAME (First, Middle, Last) WILLIAM INGE REED IR. 2. DI								DEATH		YEAR	3. TIME OF DEA	TH
- 1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. i								7. DATE OF BIRTH 6.			PLACE (State or Fi	oreign
ij	213-40-7559 9a_FACILITY NAME (If not institution, give stree	1 X M 2 - F	X M 2 U F 86 YRS.			JUI			JULY 1,1904		WASHINGTON DC		
H	Southern Mary	90. 011, 1	CITY, TOWH OR LOCATION OF DEATH					Prince (POTADS					
DIRECTOR	RESIDENCE OF DECEDENT / 10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION										10d. INSIDE CIT	Y	
	FLORIDA BREVARD				MELBOURNE BEACH					1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER			101, ZIP			10g. CITIZEN OF WHAT COUNTRY?						
CNE	2780 ATLANTIC AVENUE 11. MARITAL STATUS 1. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 AMERICAN				32951 RMED 13. WAS DECEMBENT OF HISPANIC							- American Indi	len,
BY F	1 Never Married 2 Married 3 N Widowed 4 Divorced FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES				If yes, specify, Cuban, Maxican, Puerio 1 YES 2 NO Specify:					Specify WHITE			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/IND (Give kind of work done during most of working									DUSTRY			
PLE	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE 5 YEARS Give kind of work done during most of working life. Do NOT use retired.) POSTMASTER							HE DOCTAL CERVICE					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	3 ILAKS	1 10	S IMA.	SIEK	STER US POSTAL SERV 16. MOTHER'S NAME (First, Middle, Maiden Surname)					<u> SEKY</u>	ICE	_
BE (WILLIAM INGE REED.	WILLIAM INGE REED, SR. LILA BI											
2	198. INFORMANT'S NAME (Type/Frint) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stette, Zip Code) P.O. BOX 194, CLINTON, MARYLAND 20735												
	20a. METHOD OF DISPOSITION V 20b. PLACE AND DATE OF DISPOSITION (Name of semilary of cemetary crematory of other place)												
	1 □ Burlai 2 □ Cremation 3 To Ramoval from State Open tarry of pher place) Open tarry of pher place) Open tarry of pher place) Open tarry of pher place) VEST GARDENS CEMETERY 2–18 MELBOURNE, 22. NAME AND ADDRESS OF FACILITY THE HUNTT FUNER.									TNC			
	Mutokasi V RIAN	KENSHID	00857		B O	BUA	156	WALDOF				20604-	
	23. PART I. Enter the diseases, or co	mplicatione that	used the de									Approxim	nate
	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition											Onset an	
	disease or condition resulting in death) a Server or Carf use												
NO	Sequentially list conditions,												
CATI	If any, leading to immediate cause. Enter UNDERLYING								lus	re			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AL A CONSEQUENCE OF): resulting in death) LAST												
CER	C a											1	
CAL	CO 110 EPACTION								44. WAS AN AUTOPSY PERFORMEO?		WERE AUTOPSY I AVAILABLE PRIOF COMPLETION OF	10	
MEDI											OF DEATH?		
N.													
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 Naio 1											100	
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?						28d. DEŞCRIBE HOW INJURY OCCURED					
B	1 Metural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm				M 1 YES 2 NO			28f, LOCATI	28f. LOCATION (Street and Number or Rural Route Number,				
TED								City or	Town, State)				
COMPLETED	29a. CERTIFIER (Check only) 1 LERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.												
	2 MEDICAL EXAMINEN: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.												
) BE	LCM To Man MD 13933 1 29d. Date Signed (Month, Day, Your)												
2	ME HIME AND ADDRESS OF BERSON WHO	COMPLETED CAUSE C	E DEATH #TE	M 27) (Type	Dring)			1					

COMPLETEO CAUSE OF DEATH (ITEM 27) (Typo, Print)

DHMH-18 Rev 1/89



	FOR STATE REGISTRAR	STATE OF MARYI	AND / DEPAI CERTIF	RTMENT OF	F HEALTH AND	MENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (Flore Middle, Last)	nes C. Ree	d			2. DATE OF DEATH	DAY 4	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 226 - 28 - 755 4 - A	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
_	9e. FACILITY NAME (If not institution, give		1	9b. CITY, TO	WN OR LOCATION OF D		9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	edical Cev	14-0	TY, TOWN OR LE	Himore	VVID		10d. INSIDE CITY	
	Maryland		10C. CI	Balt	- imore			LIMITS?	
FUNERAL	Poble - Maner	13 Popler	54,		101, ZIP CODE		10g. CITIZEN	U &	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 V YES IF YES, GIVE WAR OR	2 NO	If yes	DECENDENT OF HISPA s, specify Cuban, Mexic YES 2 NO Speci		ea or No- 14.	RACE — American Indian, Black, White, etc. Specify:	
ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDI	11-9-43 to	160. DECEDENT	S USUAL OCCU	PATION		USINESS/INDUST	Block	
COMPLET	(Specify only highest grad	College (1-4 or 5+)	(Give kind of	work done during use retired.)	Driver	Hom	e IV	1C	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Meide	on Surname)		
TO BE	19s. INFORMANT'S NAME (Type/Print)	1	19b. MAILIN	G AOORESS (St	reet and Number or Rural	I Route Number, City or 18	bwn, State, Zip Co	ob)	
	20e AETHOD OF DISPOSITION 1 B Burlet 2 Cremation 3 Rer	eld 21	Db. PLACE OF DISPO	DITION (Name	of cometery, crematory or	SE # D , 20c. 1	LOCATION - City	or Town, State	
	4 Donation 5 Other (Specify)		Quan	22. NAN	Martioned E AND, ADDRESS OF F		uantic	O, Virginia	
	· 7 9.	Aust		360	ustin +	Royste Street	NW, W	Ish DC 2001	
		complications thet cause. List only one cause on	ed the death. Do each line.	not enter the	mode of dying, su	ch as cardiac or res	piratory arrest	Approximate interval Batween Onset and Death	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	· Ces	pilla	lary	arre	st			
N N	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c. DUE TO (OR AS	A CONSEQUENCE	OF):	of Lein				
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):		J			
CAL CE	PART II. Other algnificant condition	ons contributing to death	but not resulting	in the under	riying ceuse given i	n Part I. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC	Felaphera	C) Vasco	un i	ane	ase	1 🗍 YES	2 × 100	OF DEATH?	
AN: M	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	Shack cole cost			
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	Home 5 - Residence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		NJURY	c. INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOV	W INJURY OCCUP	REO	
	3 Suicide 8 Could not be determined	office	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	(Check only	SICIAN: To the best of my kno							
ш	299. SIGNATURE AND TITLE OF CERTIF	TEN On the basis of examinat	ion and/or investiga	tion, in my opin	ion, death occured at the			SIGNEO (Month, Day, Year)	
TO B	M. HAWE AND ADDRESS OF PERSON W	THE COMPLETED CAUSE OF	DEATH (ITEM 27) (Ty	pe, Print)	103	0408	• 6	16/9/	
	2600 lep	erty He	iduto	aven	ue A	altimore	Ma	21245	
	FEB 11 91	32. HEARSTRANGE	down Alando	20					

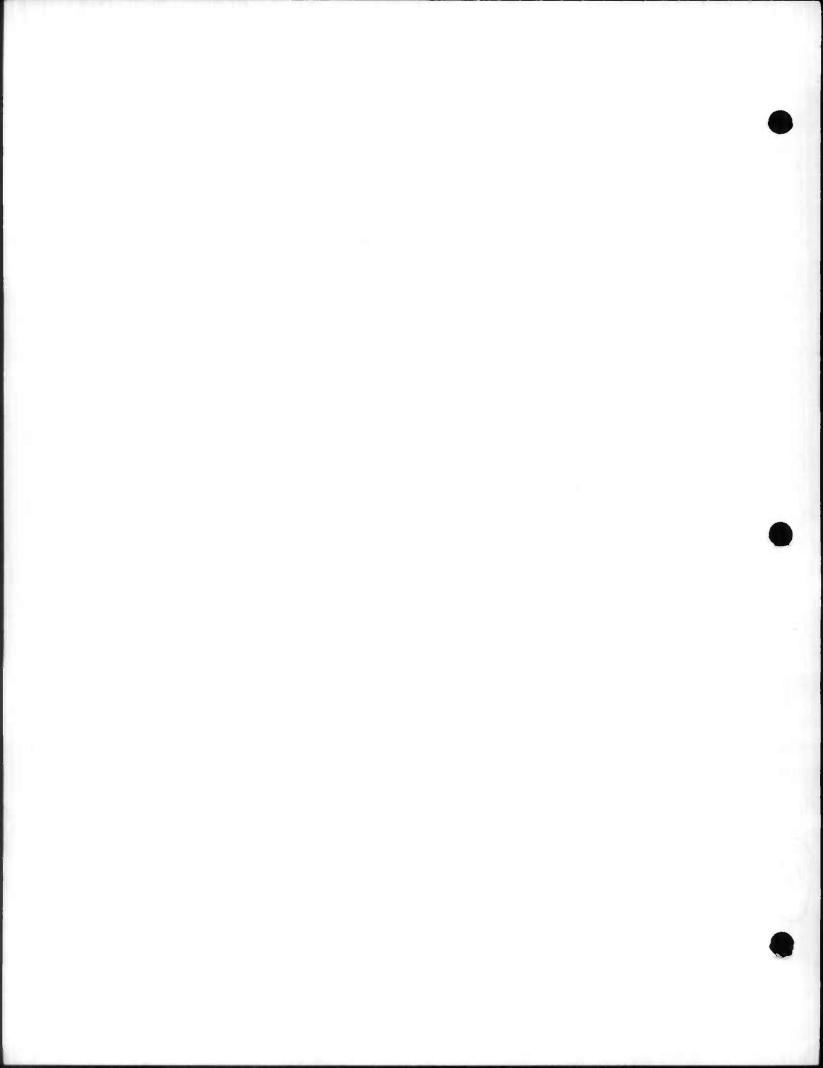


THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22—mours after death. Page 6 may be retained by the hospital or attending physician.

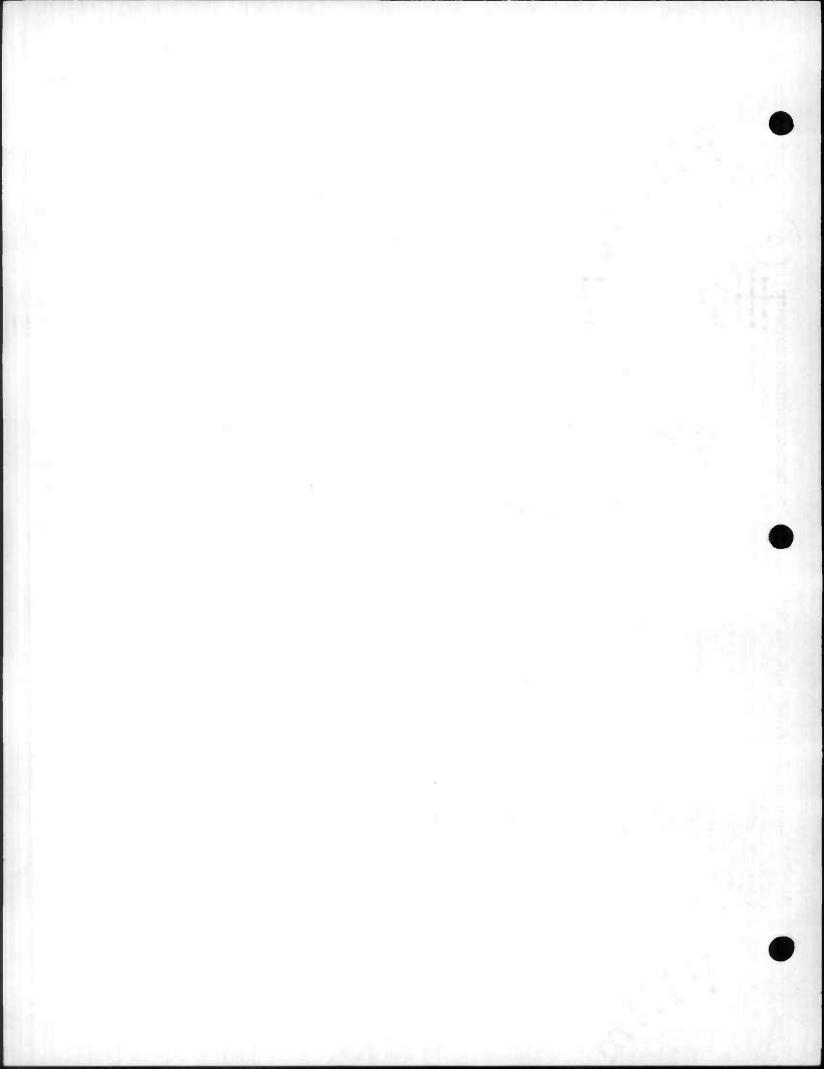
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. [ages 1, 2, 3 should be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE

	* REGISTRAR		CERTIF	ICALE	: OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	1 ROMAN	J				2. DATE OF MONTH	DEATH DA		VEAR Of 3	3. TIME OF DEATH
			E (In yrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH av. Year)		8. BIRTH Count	IPLACE (State or Foreign ry)
	9	49 THS.					29-6			GINIA	
OR						OR LOCATION OF DE	EATH			TI M	CIZE
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		No.								
DIRECTOR	Md.	r		ry, rown o altim		TION					10d. INSIDE CITY LIMITS? 1 √ YES 2 □ NO
7	10e. STREET AND NUMBER		106.						10g. CITI	ZEN OF	WHAT COUNTRY?
FUNERAL	2220 West Sarato					21223				.S.A	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 V NO	1 !	If yes, sp	ecity Cuban, Maxica 2 NO Specify	n, Puarto Ric	Specify Yea an, atc.)	or No—	Spec Blac	
	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S	work done of	CCUPATIO	ON ast of working	18b. K	IND OF BUS	INESS/INC		CK
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Iffe. Do NOT	ise retired.)		•					
N	17. FATHER'S NAME (First, Middle, Last)		Housev	ile		18. MOTHER'S NA		Priva			
	William H. Logan						, ,				
) BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRESS	S (Street a	Josephi and Number or Rural I	Route Number,	City or Town	n, State, Zip	Code)	
2	Walter Roman		222	O Was	ct S	aratoga	Do 1	+1	. W.	2.1	222
	20a. METHOD OF DISPOSITION		Ob. PLACE OF OISPO	SITION (Na	me of cer	netery, cremetory or		20c. LO	CATION -	City or To	own, Stata
	1 Buriel 2 Cremation 3 Ram 4 Donation 5 D Other (Specify)	oval from Stata	Harmony	Mama	ri al	Dorle		La	ndov	er,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LA	ENSEE/	Harmony	22.	NAME A	Park ND ADDRESS OF FA	CILITY JO	nson	& .T.	enki	ns Inc
	1 bull B	taken			1 (17	ennedy S				CIIKL	no inc.
	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause on	each line.	not antar	the mo	de of dying, suc	h sa cerdia	c or reapi	retory an	reat,	Approximeta interval Between Onset and Death
	reaulting in death)	a. Metast	A CONSEQUENCE	OF):	en	e e					
NOI	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR A)	A CONSEQUENCE	OF):							
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
CERTIFICATION	thet initieted eventa resulting in deeth) LAST	OUE TO (OR AS	A CONSEQUENCE	OF):							
병		d									
EDICAL	PART II. Other algnificent condition	a contributing to deeth	but not reaulting	in the ur	nderlyln	g cause given in		4s. WAS AN PERFOR	RMED?	248	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2							_				1 TYES 2 NO
AN.	or was case personen to again										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:	LACE OF DEATH (Ch					
448	1 YES 2 NO 27. MANNER OF OEATH	1 Inpatient 2 I ER/O				JURY AT			MILIDY CO	CHEED	
	1 Natural 5 Pending	(Month, Day, Year	7) 200. 11	IJURY M	WC	YES 2 NO	Zed. DESC	RIBE HOW I	NJUNT UC	CUMED	
2 Accident investigation investigation at 28s. PLACE OF INJURY — At home farm street factors office. 28s. PLACE OF INJURY — At home farm street factors office.							Route Number,				
ETE	4 Homicida datarmined										
COMPLETED	Control only	ICIAN: To the best of my kn									a) and manner as stated.
	29h. SIGNATURE AND TITLE OF CERTIFIE	//				29c. LICENSE NUI					D (Month, Day, Year)
O BE	M. Ma	- bu.o.				D3781			▶ 7	16	191
일	30. NAME AND ADDRESS OF PERSON W										
	C.M. CHAVIT Jn. 3 31, DATE FILED (MORIT), Day, Year)	a 32 BEGISTRADIO	CNATURE	SALTI	MOR	E MD	4228				
	FFR 11 91	32. REGISTRAR'S SI	andell								



	1 - STATE REGISTRAR	JINIE OF MARIE	CERTIFIC	CATE OF	DEATH	R	EG. NO.		
-	1. DECEDENT'S NAME (First, Middle, Last) Maude	L. Ric	e			2. DATE OF D	DEATH DAY	9/YEAR	3. TIME OF DEATH
		SEX 6. AGE		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day April	(Year)	91.4	HPLACE (State or Foreign ny) SC
Se. FACILITY NAME (N not institution, give street and number) Washington Adventist Hospital Se. COUNTY OF DEATH Takoma Park Md PG Se. COUNTY OF DEATH PG								DEATH	
DIMECTOR	RESIDENCE OF DECEDENT 108. ETATE 106. COUNTY PG			TOWN OR LOC		n d			10d. INSIDE CITY LIMITS? 1 YES 2 NO
- January							CITIZEN OF V	WHAT COUNTRY?	
BY FUNEHAL		2. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR C	IN U.A. ARMED	If yes, s	ECENDENT OF HISPAN specify Cuben, Mexica S 2 NO Specify	n, Puerto Rican			E — American Indien, k, White, etc.
2	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	Iffe. Do NOT use	ork done during n	TION nost of working		D OF BUSINESS	/INOUSTRY	
COMPLEI	17. FATHER'S NAME (First, Middle, Lest) Sam M Davis		omestic		18. MOTHER'S NA	ME (First, Middle	vate , Melden Surnem	10)	
H H	19e. INFORMANT'S NAME (Type/Print)		100000000		Lula W				
2	Betty Shipman				end Number or Rural				4201
	20e. METHOD OF DISPOSITION Duriel 2 Cremation 3 Ramova	from State	IN PLACE OF DISPOSI	TION (Name of c	emetery, cremetory or	-	20c. LOCATION		
	4 Donation 8 Other (Specify) 21, SIGNATURE OF TUNERAL SERVICE LICEN	/	Fort Lin	ncoln	Cemeter	y	Brei	ttwoo	d Maryland
	► 6 - 701 · C	Della	01	Dud	ley,S Fu Maryla	n Hom	e 3200) Rho	deisland
	23. PART I. Entar tha diseases, or conshock, or heert fallure. Lis IMMEDIATE CAUSE (Final	t only one sause on	ésch line.				_		Approximate interval Between Onset end Death
	disease or condition resulting in death)	OUE TO (OR AS	MASSIVE A CONSEQUENCE OF	P	ulmon	ary	Emi	boli	1 day
ALION	Sequentially list conditions, if eny, laeding to immediate cause. Entar UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	:					'
HIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	:					
5	PART ii. Other aignificant conditions of	contributing to death	but not resulting in	the underly	ing ceuse given in	Part i 24	. WAS AN AUTOF	PSY 24	b. WERE AUTOPSY FINDINGS
EDICAL	Hyperthyroio	Lism	asculas				PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: ME	Hastric W.	Un Carrier	uzculas	us	eare				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. OTHER:	PLACE OF DEATH (C/	neck only one)			
I X		Inpatient 2 ER/Ou	tpetient 3 DOA	4 - Nursing H	ome 5 Residence		pecify) BE HOW INJURY	OCCUPED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1	WORK? YES 2 NO				
TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, st ecify)	treet, factory, of	fice		ON (Street and Nur own, State)	mber or Rurai	Route Number,
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my kno On the basis of examinati							o(s) end manner ea stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	- KID			29c. LICENSE NU	MBER 107	29d.	DATE SIGNE	9-9/
2		completed cause of a		Print) er Sp	ring	1	77	2	090/
	31. DATE FILED (Month, Day, Year) FEB 13 '91	Julia Davido	NATURE						7

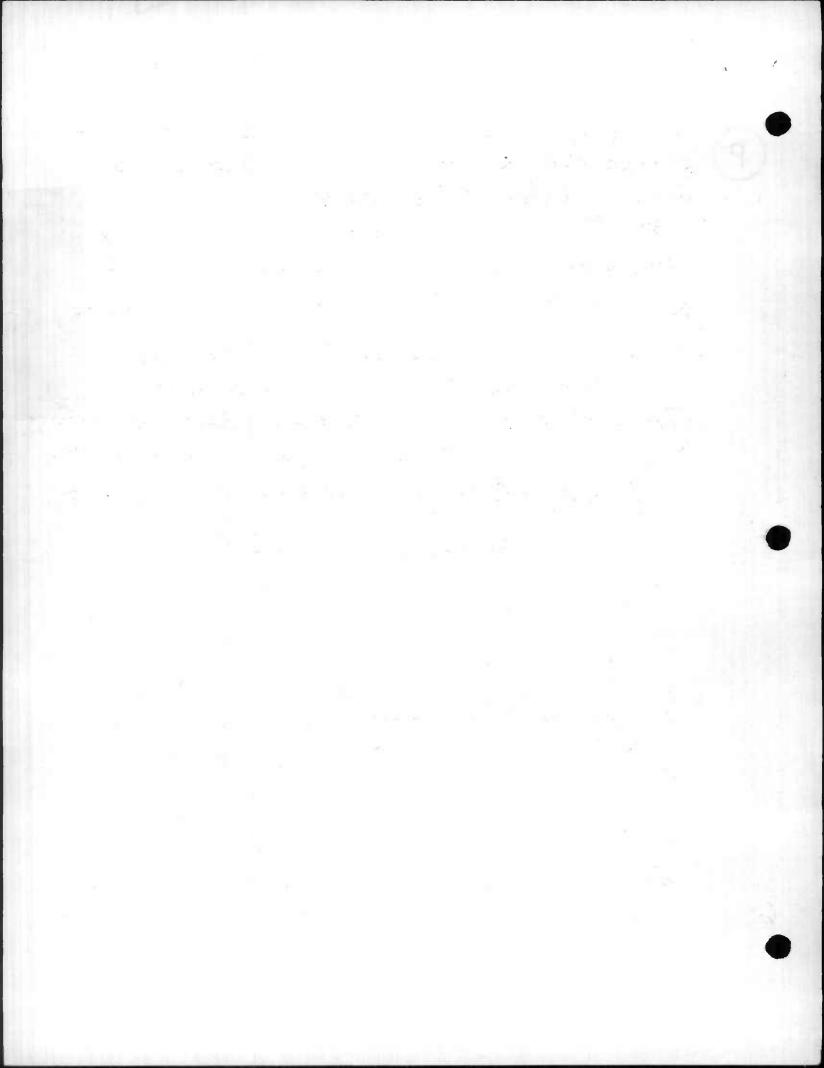


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH 3. TIME OF DEATH			
Gentrud	ROGERS				Feb. 5 DAY	199	6:30 DH	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign	
214052382	1 DM 2 XF 91	YRS. MON	ITHS DAYS	HOURS MIN.	11-7-99	7 19	ARYLAND	
9a. FACILITY NAME (If not institution, give stre		9b.	CITY, TOWN O	R LOCATION OF DI	ATH	9c. COUNTY O	F DEATH	
CHESAPEAKE RESIDENCE OF DECEDENT	MANOR		ARNO	OLD, F	10.	AA	C'8	
10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
Maryland Anne	Arundel	A	nnapo.	lis			1 X YES 2 NO	
10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?	
924 Jackso				2140	3	USA		
11. MARITAL STATUS 1. Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, spe		NC ORIGIN? (Specify Yes n, Puerlo Rican, etc.) y:		ACE — American Indian, Black, While, atc.	
15. DECEDENT'S EDUCA		. DECEDENT'S USU	IAL OCCUPATIO	N	16b. KIND OF BUSI	NESS/INDUSTR	Y	
(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of work ilfe. Do NOT usa rel	done during mo: tired.)	st of working				
8		Homema	aker		Нс	ome		
17. FATHER'S NAME (First, Middle, Last)	<u> </u>			16. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)		
Alphonse	Lauer			Elean	ore Wills	5		
19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADI	DRESS (Street a.		Route Number, City or Town)	
Robert Rogers		924 Ja	acksor	St. A	nnapolis,	Md.	21403	
20s. METHOD OF DISPOSITION 1√2√3Buriel 2 ☐ Cremetion 3 ☐ Remon	20b. PL.	ACE OF DISPOSITIO	N (Name of cen	setery, cremetory or	20c. LOC	ATION — City o		
4 Donation 5 Doubr (Spicity).	100	Hiller	est Ce	emetery	Anr	apoli	s, Md.	
21. SIGNATURE OF FUNERAL SERVICE LICE	HISEE //		22. NAME AN	D ADDRESS OF FA	CILITY			
yeffung.	ayen		Taylo	or Fune	ral Chape	el Ann	apolis,Md.	
23. FART I. Enter the diseases, or co	emplications that caused the	e death. Do not	enter the mo	de of dying, suc	h ae cardiec or reepir	etory erreat,	Approximate	
strock, or heart failure. L	ist onte ove couse on each	line.	7	2			Interval Between Onset and Death	
disease or condition	Konnerol	any i	t and	une				
resulting in death) a	DUE TO (OR AS A CO	SEQUENCE OF:	0-00) .	1		
	(arme	OL	etnel	me 1	Cumas	yet N.	ream	
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):				0		
ceuse. Enter UNDERLYING CAUSE (Disease or injury							6 4	
thet initiated events	DUE TO (OR AS A CO	NSEQUENCE OF):						
resulting in death) LAST								
PART II Other eignificant conditions	contributing to death but r	yot resulting in t	he underlying	ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
ollens delente	andio V	Escular	Ch.	can	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Multi lufe		ene	tien		1 🗆 YES 2	UNO	OF DEATH?	
The state of					—		1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26. P1	ACE OF DEATH (C)	neck only one)			
	HOSPITAL:		THEB		6 Other (Specify)			
27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME O	F 28c. INJ	URY AT	28d. DESCRIBE HOW IN	JURY OCCURE	D	
1 Natural 5 Pending	(Month, Day, Year)	INJURY		RK? /ES 2 NO				
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,							
4 Homicide determined	building, atc. (Specify)				City or Town, State)			
29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowledg	e, death occurred a	t the time date	and place, and du	to the cause(a) and man	ner as stated		
(Crieck Drity	On the beels of examination en						use(s) and menner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER		-						
Culy mach Medical Durketer D21684 > 02.13.91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) C. V. CYRIAC. M.D. 1600 CRAIN HWY, GLRNBURNIE. MD 2061. 31. DATE FIRE (Month) 19991 July DEFINITION OF MARKET								
C.V. CYRIAC. M.D.	1600 CRAIN	J HWY,	GU	2NB4RA	me. and	2000	<i>(</i> ·	
"FEB 174 1991 Ju	AL PRESIDENCE MONTH	H						

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA		REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) Antoinette Ricklin	2. DATE	e OF OEATH TH DAY 91	YEAR 3. TIME OF DEATH						
)	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) FUNDER 1 YEAR IF UNDER 1 YRS. WONTHS DAYS HOURS 90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION	MIN. (Mon	of BIRTH th, Pay, Year	6. SHRTHPLACE (State or Foreign Country) AD **TY OF DEATH						
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION			10d. INSIDE CITY						
- 1	MD. 100. STREET AND NUMBER 101. ZIP COD	DE .	10g. CITI	LIMITS? 1 YES 2 NO ZEN OF WHAT COUNTRY?						
FUNERAL	FORCESS ATT MES STORES		N? (Specify Yea or No	14. RACE — American Indian, Black, White, etc.						
ED BY F	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES			COHITE						
COMPLETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elemantary/Secondary (0-12) College (1-4 or 8+) College (1-4 or 8+) College (1-4 or 8+)	ing 16	FA CTOR	USTRY						
BE CON	17. FATHER'S NAME (First, Middle, Last) UNKNOWN 18. MOT	THER'S NAME (First,	Middle, Malden Surname)							
10	JOHNNA K. FREUND 3703 FAIT	4VE.	RALTO.,1	(Code) MD. 21224						
	20e, METHOD OF DISPOSITION 1 V Burlel 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify) 1. Subscript Of Phylinian Berwice Licensee 22. NAME AND ADDRE	ESS OF FACILITY	BA-CTE	city or Town, State Co · MD ·						
	* Thomas & Akarda b. SKARDA	F.H.	2829 HL	DSON ST						
	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dy shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Cucungma A. Har Sur	ying, such ea ca	rdiec or reapiratory arr	Approximata interval Between Onset and Death						
N	DUE TO (OR AS A CONSEQUENO€ OF):	y								
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST									
SAL CE	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse	given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 YNO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
AN: MEDIC	C Simbiles Mellitas			1 TYES 2 NO						
PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DEATH (Check only of								
ву РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 29b. TIME OF INJURY WORK? 1 Netural 8 Pending Investigation 1 YES 2	28d. DE	EŞCRIBE HOW INJURY OCC	CURED						
E	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Spec/ly)	261. LO	CATION (Street and Number y or Town, State)	or Rural Route Number,						
111 1	29a. CERTIFIER									
OMPLET	Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occur	ured at the tima, de								
BE COMPL	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dash accurate the time, dash and placed one) 295. SIGNATURE AND TITLE OF CERTIFIER	CENSE NUMBER	29d, DAT	E SIGNED (Month, Day, Year)						
E COMPL	(Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occur	CENSE NUMBER	29d, DATI	E SIGNED (Month, Day, Year)						

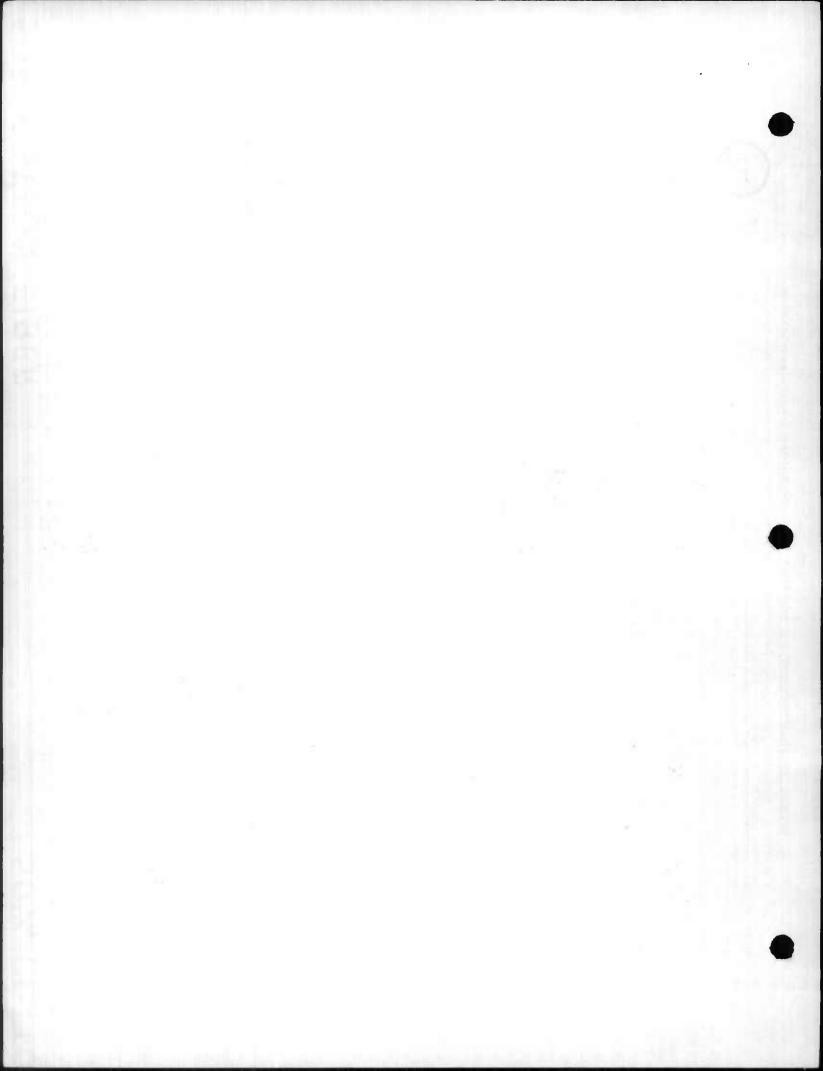


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE 0	F MARYLAND	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEAT	H		REG. NO.

1 - STATE REGISTRAR	STATE OF MARY		MENT OF I			YGIENE EG. NO.	
1. DECEDENT'S NAME (First, Middle, La Kristine 计。Ray	10)				2. DATE OF 1 MONTH 2		YEAR 3. TIME OF DEATH 8:15 P M
4. SOCIAL SECURITY NUMBER 109-26-6932	1 🗆 M 2 💢 F	E (In yrs. lest birthdey) 57 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		-1933	e. BIRTHPLACE (State or Foreign Gauntry) 1-1aryland
ea. FACILITY NAME (II not institution, give street and number) 12417 Radnor Lane RESIDENCE OF DECEMENT				OR LOCATION OF D	EATH	E TO SHOW	ry of DEATH
	. STATE 10b. COUNTY 10c. CITY, TOWN			TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
12417 Radnor La						10g. CITIZ	USA
11. MARITAL STATUS 1 Never Married 2 Tharried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DE	CENDENT OF HISPA Hectly Cuben, Mexico 3 2 700 Special	NIC ORIGIN? (S in, Puarto Ricar ly:	pecify Yea or No n, etc.)	14. RACE — American Indian, Black, Whita, etc. Specify:
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of w Ma. Do NOT use	ork done during m retired.)	ON ost of working	16b, KIN	ID OF BUSINESS/INDU	JSTRY
To the market						le, Malden Surname)	
John H. Ray		12417	Radnor	Lane Lau			20708
20a. METHOD OF DISPOSITION 1 Buriel 2/12/Cremation 3 H 4 Donation 5 Other (Specify) 21. SIGNATURE OF IMPRIA		Baltinore-	Washing	ton Cress ND ADDRESS OF F			Maryland
Chall	Kellenda	/			ing Ro	ad Laurel	al Home, Inc. , MD 20707
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Canco DUE TO (OR A)		the):				Approximata Interval Between Onset and Death
that initiated events resulting in death) LAST PART II. Other algoriticant condit	d			ng cause given in		e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)		N/A
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/O 26a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIM	E OF 28c, IN	JURY AT ORK?		Decity) BE HOW INJURY OCC	URED
2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE OF INJU- building, etc. (S	RY — At home, farm, a pecify)		YES 2 NO	28f. LOCATIO	ON (Street and Number bwn, State)	or Rural Route Number,
condon only	IYSICIAN: To the best of my kn						ed. e cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFICATION A.	talk, 1	y. D.		29c, LICENSE NU	83 4	29d. DATE	E SIONED (Month, Day, Year)
Steven A. F	1/K, M.O. 1	13960 B	altimos	re Blva	. Lau	irel, p	10 20707
31. DATE FILED Month. Day. May 1	32. PEGIŞTRARIS ŞI	GNATURE ASAMALIE					



C.M. CHAVITJA.

31. DATE FILED (Month, Day, Year)

FEB 19 '91

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPA	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENI REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last) (C)	RACHARDSON	-	2. OATE OF DEATH MONTH DA		TIME OF DEATH
P		212-36-8579	6. AGE (In yrs. lest birthday) M 2 G F S YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year)	7 VIRG	ACE (State or Foreign
2, 3 spor	TOR	98. FACILITY NAME (If not institution, give street BALTI WONE COUNT RESIDENCE OF DECEDENT		BANDALLSTOWN	13	BAHIA	
ift. Pages 1	DIREC	10a. STATE 10b. COUNTY A. CARI	: 1	ty, town or location 1 Kesville			d. INSIDE CITY LIMITS?
physician. burial-transit permit.	FUNERAL	100. STREET AND NUMBER 608 Sherry	Drive	101. ZIP CODE 2178	4	U, S.	1.
	ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 SE YES 2 □ NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxics 1 YES 2 NO Specif	n, Puarto Rican, alc.)	or No— 14. RACE — Black, W Specify:	American Indian, thita, atc.
offor use as the	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)		S USUAL OCCUPATION I work done during most of working use retired.) AN Craw Lest de	BALTO	CAS +	Electric
by the hospital be detached for at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) William /	Richardson		ME (First, Middle, Maiden	Surnamo) BAIdwin	
y be retained by bage 5 should be be notified at	TO B	MARY JANE RIC	bardson 608	Sherry Dri	Ve Syki	esville, 1	nd. 21784
e 6 ma rector, 1		20a, METHOS OF OISPOSITION 1 Surial 2 Cremetion 3 Removi 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	LAKE VICE	SITION (Name of come of p. crematory or Memorial PAR 22. NAME AND ADDRESS OF FA		Resulle	Md.
after death. Pag by the funeral di moval. Ical examiner		+ Harry W.	Haishk	P.O. Bex 195.	Sukesville	le, md.	21784
within 200 and appletely filled is cremation, or vent, the me		23. PART i. Enter the/diseases, or co- shock, of heart fallure. Li- iMMEDIATE CAUSE (Final disease or condition resulting in death)	mplication that caused the death. Do st Drily one cause Dri each Ilina. METASTATIC CA	regnoma of Lu	th as cardiec or respi	retöry erreat,	Approximate intervel Between Onset and Death
ysician and prior to bur traumatio	ERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE				
n ceru ending Hygie or oth	CERTIFI	that initiated events resulting in deeth) LAST	DUE TO (DR AS A CONSEQUENCE	DF):			
requires that the of the signed by the . of Health and Meshows any injur	MEDICAL		contributing to deeth but not resulting		Part I. 24a. WAS AN PERFOR 1 YES 2	MED? A	ERE AUTOPSY FINDINGS ANLABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
icate has t State Dept Item 23	SICIAN:		HOSPITAL:	26. PLACE OF DEATH (CI			
NG PHYSICIA fler this certif eath with the marked, or	/ PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY 28b. T		28d. DESCRIBE HOW II	NJURY OCCURED	
L OR ALTENDING P DIRECTOR: After the hours after death Item 28 is man	тер в	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At home, farm building, atc. (Specify)	, atreet, factory, office	281. LOCATION (Street a City or Town, State)	and Number or Rural Rou	he Number,
AL OIRI AL DIRI 72 hour If iten	OMPLE	CONTROL ONLY	AN: To the best of my knowledge, death occur. On the basis of examination and/or investigation.				nd menner as stated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	W.O.	29c. LICENSE NU D 378/		29d. DATE SIGNED (M	onth, Day, Year)
	-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Ty)	oe, Print)			

5401 OLD (DUT P.C.).
32. REGISTRAR'S SIGNATURE
Julia Devidson Fondance

12AMOAUSTONN, MO 2183

n n wy ter nyen 12 i ne g

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - or safer death. Page 6 may be relained by the hospital or attending invarious	١
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnar mental per 1, 2, 3 should	inst permit. Exper 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene phor to bunal, cremation, or removal.)
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

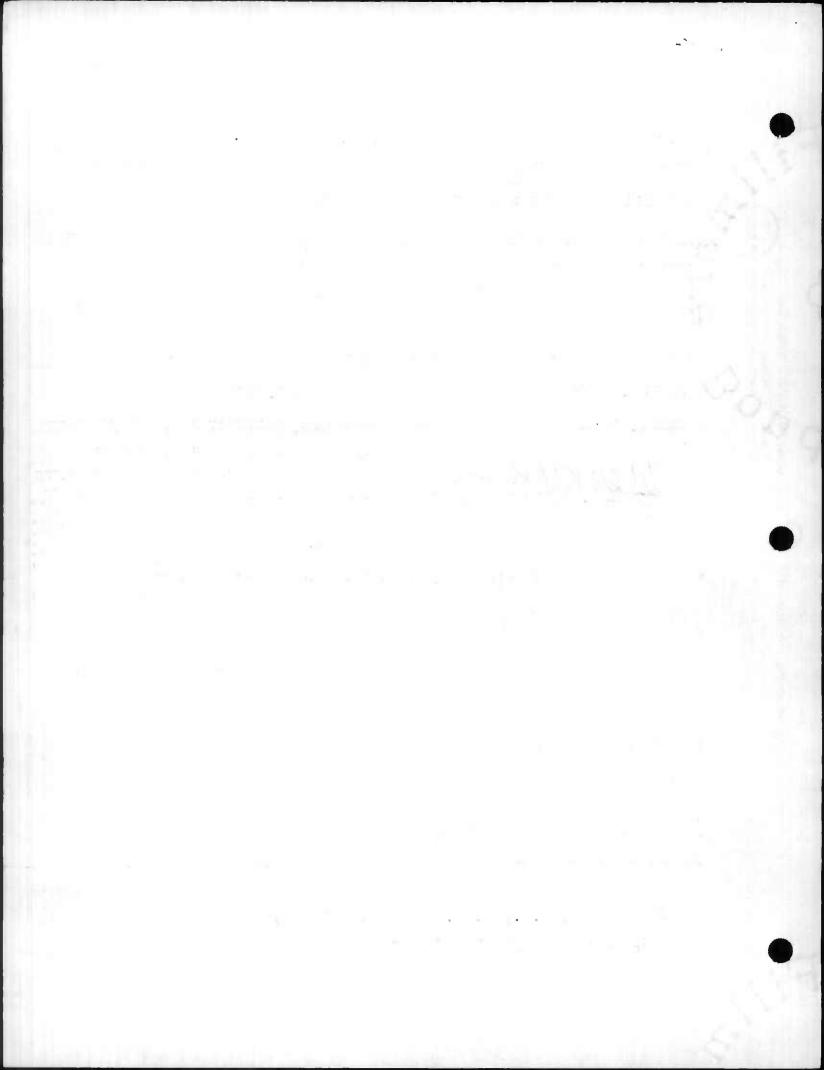
	1 - STATE REGISTRAR	SIAIE OF MARYL			OF DEA		REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last)	-		T.L.			2. DATE OF OEATH			. TIME OF DEATH
Ì	WILLIAM JO	HN S	MITH S	R		FEI	BRUARY 12	4,19	91"	3:15 AM M
	1/2 10 0077	Market In the second	(in yrs. lest birthday)	IF UNDER 1	YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	143-12-00//	1 🔀 M 2 🗌 F	68 YRS.	MONTHS	DAYS HOURS	MIN.	May 4, 19	22	New .	Jersey
	9e. FACILITY NAME (If not institution, give street				OWN OR LOCAT		хтн		NTY OF DEA	
OR	PHYSICIANS ME	MORIAL HO	SPITAL	LA	PLATA	A		CH	ARLE	S
띮	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR	LOCATION				T 10	Dd. INSIDE CITY
DIRECTOR	Maryland Cha	rles		Waldo	rf					LIMITS?
	10e. STREET AND NUMBER 10f. ZIP COOE						10g. CITI		AT COUNTRY?	
ER/	Hwy 5 Box 304				20601			l	JSA	
BY FUNERAL		12. WAS DECEDENT EVER I	N U.S. ARMED				C ORIGIN? (Specify Yee	or No-	14. RACE -	- American Indian, White, atc.
YF	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES	2 NO		yes, specify Cub		, Puerto Ricen, alc.)		White	
		WW II		1						е
	15. DECEDENT'S EDUCA (Specify only highest grade of	mpleted)	16a. OECEDENT'S (Give kind of life. Do NOT u	work done du	CUPATION ring most of work	ing	16b. KIND OF BUS	INESS/IND	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Archit	-11000-0			US Go	vern	ment	
COMPLETED	17, FATHER'S NAME (First, Middle, Last)				16. MO	THER'S NAM	IE (First, Middle, Meiden S	Sumame)		
	Alfred John Smith						n Louise B		ey	
) BE	19a. INFORMANT'S NAME (Type/Print)						oute Number, City or Town			
10	Grace Z. Smith		Hw	y 5 B	ox 304,	Walc	dorf, Md.	2060.	1	
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremellon 3 Remov	al from State	b. PLACE OF DISPO						City or Town	
	4 Donallog 6 Other (Specify)		Mäfÿlan					Tten	nam, I	Ma.
1	21. BIGHNOUSE OF THEFTAL BERVINESCICE	Tel mo	~		AME ANO ADDRI					
	Michael K. Blanke	nship MOO8	57				. Waldorf,	Md.	2060	4
	23. PART I. Enter the diseases, or co	mplications that cause	d the deeth. Do							Approximete
	shock, or heert fellure. LI IMMEDIATE CAUSE (Final	at dwift one cause on e	A T	NV	1 Dr	100	X			Interval Between Onset and Death
	disease or condition resulting in death)	MXI	124 1 W	KI	MY	17	(
		A PUE TO (OR AS	A CONSEQUENCE O	7	mit	20 21	Mari Da	1		
S	Sequentielly list conditions, b.	TUMERO	54460	478	una	le \	illimina	100	segu	9
Ā	If any, leeding to immediate ceuse. Enter UNDERLYING	COSPOR	A CONSEQUENCE O	1100	71	100	000			
SE	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	fi: A				. 0		<u> </u>
CERTIFICATION	resulting in deeth) LAST	Chron	1 600	Has	ago	KA	ralia	P. VI	150	
	PART II Other electricast conditions					1 2 1 - 1				
MEDICAL	PART II. Other significant conditions	214 (II a	put not reaulting	In the und	lerrying ceuse	given in F	Part i. 24a. WAS AN PERFOR		1	WAILABLE PRIOR TO
ă	TV STEVENS	vaca ,	7	Vac	4		1 YES 2	NO		OF DEATH?
	Halle	XIIICE	21 0	yaa	10		_	1.	1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (Cha	ok only and			
SC	EXAMINER?	HOSBITAL:	nedees 3 DOS	OTHER:						
H	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIR	E OF	Rec. INJURY AT		8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day, Year)	IN	JURY M	WORK?	□ N O		,		
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,	street, factor	ry, offica		261. LOCATION (Street o	nd Numbe	r or Rural Ro	ute Number,
臣	4 Homicide determined	bunding, etc. (sp.	ocity)				City or Town, State)		-	
빌	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To Jhe best of my know	wledge, death occur	red at the Jin	ne, date end plac	e, end due l	lo the cause(s) and man	ner ee ate	ted.	
COMPLETED	one) 2 MEOICAL EXAMINER									and manner ea stated.
									Month Day (\bar)	
) BE	-EMUL	VILLE			ח	230	121	1 6	011/	401
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)	יעו	- 7.1	1/ 1			WALDORF MD
	SANJEEB KUMAR	MTSHRA	MD.7C P	OST	OFFICE	E ROA	D CENNA	CEN		20602
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE 10	10 TH						
	FEB 1 9 '91	CHINA Davi	ason-Marine							

the same that are the law to be a series

1		FOR STATE REGIS	
Γ	1.	DECEDENT	rie Ma

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	1 - STATE REGISTRAR	CEI		TE OF		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF DEATH	DAY	3. TIME OF DEATH
	JAMES WALTER	S	HITH	SR.		FEB. 14.	199	
- 1		SEX 6. AGE (In yrs. last t	MONE	MOER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	212-28-5306	X ^{M 2 □ F} 61	YRS.			AUG 1,192		MARYLAND
_	9e. FACILITY NAME (If not institution, give street of	and number)	9b.	CITY, TOWN O	R LOCATION OF DI	EATH	9c. COU	NTY OF DEATH
PO	PHYSICIANS MEMOR	IAL HOSPITAL	I	A PLA	TA		CH	IARLES
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ON			10d. INSIDE CITY
NH NH	MARYLAND ST. MA	RY'S	MECH	ANICSV	THE			LIMITS?
	10e. STREET AND NUMBER		TILOT		ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
ER	1050 DOGWOOD LANE				20659		U	ISA
FUNERAL		. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 XYES 2 NO				NIC ORIGIN? (Specify Y	_	14. RACE — American Indian, Black, White, etc.
ВУ Е	1 Never Merried 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES	2 NO Specif	nn, Puerto Rican, etc.) y:		Specify: WHITE
	15. DECEDENT'S EDUCATION	WW2		AL OCCUPATIO		18b. KIND OF B	ACINECO (INI	
1	(Specify only highest grade com	pleted) (Ghr	e kind of work of Do NOT use reti	done during mo.	at of working	IBB. KIND OF B	USINESS/IN	JUSTAT
7	12TH GRADE 1	Ollege (1-4 or 5+)		SPECI	AL IST	US GOV	FDNME	NT
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	INDO	311(11)L	OI LOI		ME (First, Middle, Melde		
	JAMES R. SMITH				ELVA M.	WARD		32
BE C	19e. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADD	PRESS (Street a		Route Number, City or To	wn, State, Zi	p Code)
2	MARY A. SMITH	10	050 DO	GWOOD	LANE. ME	CHANICSVI	LLE.	MARYLAND 20659
	20e, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Removal	from State 20b. PLACE O	20)		netery, crematory or	110		City or Town, State
	4 Donation 5 Other (Specify)	QUEEN	OF PE		URCH CEM			MARYLAND
	21. SIGNATURE OF PURPOSAL PERMAPELLER	theret		22. NAME AN	D ADDRESS OF FA	THE HU	NTT F	UNERAL HOME, INC
	MICHAEL K. BLAN	KENSHIP MOD857		P.O. B	OX 156,	WALDORF,	MARYL	AND 20604-0156
	23. PART I. Enter the diseases, or com	plications that caused the des	th. Do not s	enter the mo	de of dying, suc	ch as cerdlec or rea	piratory s	rest, Approximate Interval Between
	IMMEDIATE CAUSE (Final		11.	. +	<u>'</u>			200000000000000000000000000000000000000
	disease or condition s	Brain DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE	11-cm	nal	non			
		DUE TO (OR AS A CONSECU	UENCE OF):		. /	1	. 0	
O	Sequentially list conditions,	DUE TO (OR AS A CONSEQU	71 A (som	, ac	Lam)	w	Tag .
CERTIFICATION	if any, leading to immediats cause. Enter UNDERLYING	/- Lynes tes	00 - 1	4				0
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	UENCE OF):					
H	resulting in death) LAST	0						
S	PART II. Other algoriticent conditions of	and the death had not a	audalee le al			Deat las una		ALL WEST AUTOROX SWIDWIGS
DICAL	PART II. Other aignificent conditions of	ontributing to death but not re	suiting in ti	ne underlyin	g cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC						1 TYES	2 NO	OF DEATH?
Σ						—		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			24 8	ACE OF DEATH (C	took ook ook		
2	EXAMINER?	OSPITAL:		THER:				
H	1 ☐ YES 2 ☑ NO 1	28e. DATE OF INJURY	28b. TIME O	F 28c. IN.	URY AT	6 Other (Specify) 28d, DESCRIBE HOT	V INJURY O	CCURED
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	w w	YES 2 NO	20		
BY	2 Accident Investigation 3 Suicide 5 Could not be	28e. PLACE OF INJURY — Al hor	ne, farm, stree	et, factory, offic	•	281. LOCATION (Stre	et and Numb	er or Rural Route Number,
TED	4 Homicide determined	building, etc. (Specify)				City or Town, Ste	110)	
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge, dea	oth occurred a	t the time, deta	and place, and du	e to the cause(e) and i	nanner as el	lated.
DIM C	(Check only one) 2 MEDICAL EXAMINER: C	On the basis of examination and/or in	nvestigation, is	n my opinion,	leath occured at th	e time, date and place,	end due to	the cause(e) and menner ee stated.
	29b, SIGNATURE AND TITLE OF CERTIFIER	-//-			29c. LICENSE NU	MBER	29d. DA	TE SIGNED (Month, Day, Year)
BE	Bolfeet Site	Thi M.D			D25	517	•	2/15/91
5	30, NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM	1 27) (Type, Pri	nt)	,			
	BALJEET SETHI, M	.D., P. O. B	OX 60	8. WA	LDORF.	MARYLAN	D 2	0604
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE						
	FEB1 9 *91	Little Vacioson 13	note					



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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FOR STATE REGISTRAR

	STACY NMV S	Pence	Y				MONTH DA	12 9	AR 1 SO
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. les		UNDER 1 YEAR			7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	710-09-7190 M⊠M2□F	70	YRS.	NTHS DAYS	HOURS	MIN.	lug. 10,19		Maryland
NG.	THE FACILITY NAME (If not institution, give street and nymber)	405014	al. 96		n on location ce de			9c. COUNTY	of Death ford
5	10a, STATE 10b, COUNTY	7	10c, CITY, TO						10d. INSIDE CITY
DIRECTOR						6			LIMITS?
	Maryland Cecil		F		eposi			100 CITIZEN	1 ☐ YES 2 ☒️XNO OF WHAT COUNTRY?
RA A	55 Red Barn Road								
FUNERAL	11. MARITAL STATUS 12. WAS DECEDEN	EVER IN U.S. AF	RMEO	13. WAS D		904	ORIGIN? (Specify Yea		S.A. RACE — American Indian,
	1 Never Merried 2 Merried FORCES? 1	YES 2		If yes,	specify Cube	n, Mexican, Specify:	Puerto Rican, etc.)		Black, White, atc. Specify:
B	3 Widowed 4 Divorced				- 57040	ороспу.			White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e, OE	ECEDENT'S USI	JAL OCCUPA	TION most of working	na -	16b. KIND OF BUS	SINESS/INDUST	TRY
	Elementary/Secondary (0-12) College (1-4 or 5 +	1//0	Do NOT use re	tired.)	THE STATE OF THE S		V.A. Me	edical	Center
. F	Six Years	Неа	avy Equ	ipmer.	it Ope	rator	Perry P	oint,	Maryland
COM	17. FATHER'S NAME (First, Middle, Last)				15. MOTI	HER'S NAME	E (First, Middle, Melden	Surname)	
BE	Franklin E. Spencer						yde Teste		
TO BE (19e. INFORMANT'S NAME (Type/Print)						ute Number, City or Tow		*
	E. Jean Spencer						Deposit,		
5	20e, METHOD OF DISPOSITION 1 2 duriel 2 Cremetion 3 Ramoval from State	20b. PLACE other pl	OF DISPOSITIO						or Town, State Sit, Maryland
E	4 Donation 5 Other (Specify)	·	ASL		AND ADDRE			. Depos	sic, Maryianu
ехашиес	1 . 1 . 0						son & Son	Funera	al Home
	Thomas M. Fatters	DO, Er.					ruland		
CERTIFICATION	Securation Het conditions b.	RIDS	CUE) COUENCE OF):	evT1	CO	GAI	RT PU		interval Between Onset and Death
CERTIF	that initiated events resulting in deeth) LAST	(OR AS A CONSE							
3 snows any injury. N: MEDICAL C	PART II. Other eignificent conditions contributing to		resulting in t	the underly	ying cause	given in P	art i. 24a, WAS AN PERFOI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF D	EATH (Chec	k only one)		
YS!	1 VES 2 NO 1 Inpetient 2	ER/Outpatient		THER:	fome 5 🗆 R	esidence 6	□ Other (Specify)		
BY PHYSICIAN	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	INJURY ay, Year)	28b. TIME O	Y	INJURY AT WORK? YES 2		26d. OEŞCRIBE HOW	NJURY OCCUR	DEO
TED 28	3 Suicide 28a. PLACE C	F INJURY — At he etc. (Specify)	ome, farm, stre	et, factory, o	ffice		26t. LOCATION (Street City or Town, State		Rural Route Number,
PORTANT: If Item 28 IS BE COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of one) 2 MEDICAL EXAMINER: On the besis of e								euse(e) end menner ee stated.
BE BE	290 SIGNATURE AND TITLE OF CERTIFIER Dank N. Wunsh	And	7		29c. LIC	76 4	GER L	29d. DATE S	IGNED (Month, Day, Year)
≥ 2	80. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITE	EM, 27) (Type, Pr		S		6.0	2117	0

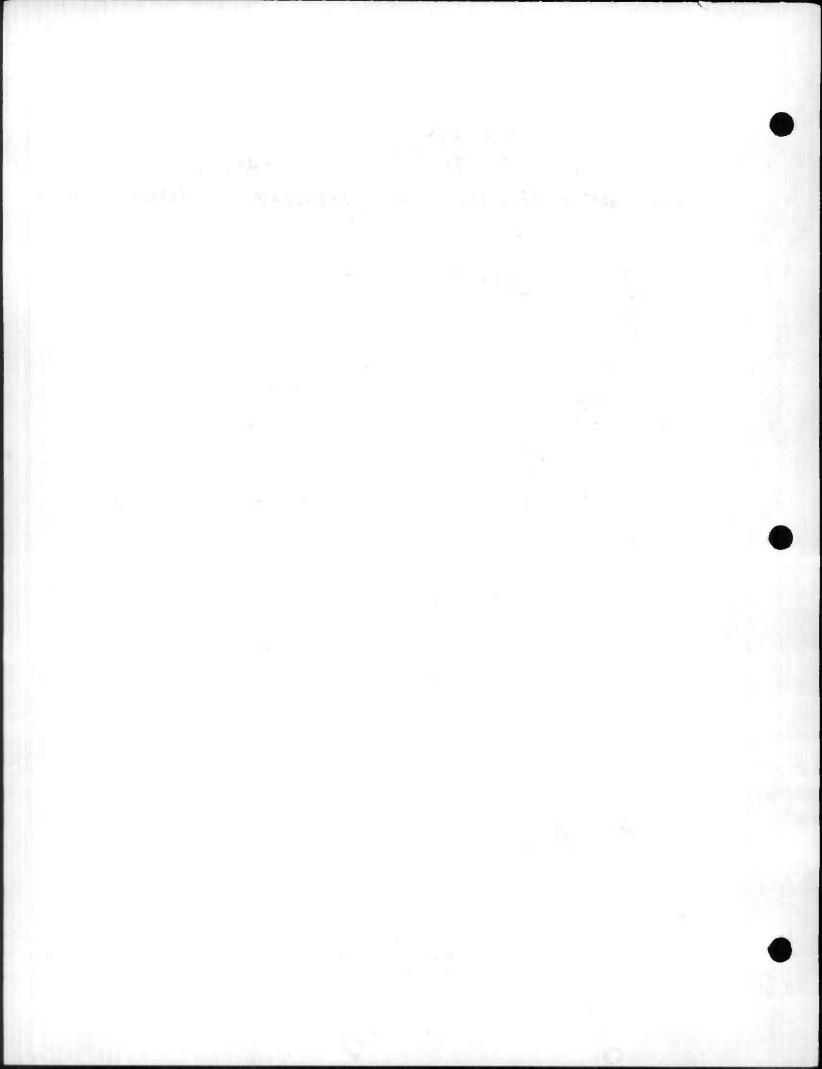
31. DATE FILED (Month, Day, Year)

FEB 15'91

32. REGISTRAR'S SIGNATURE

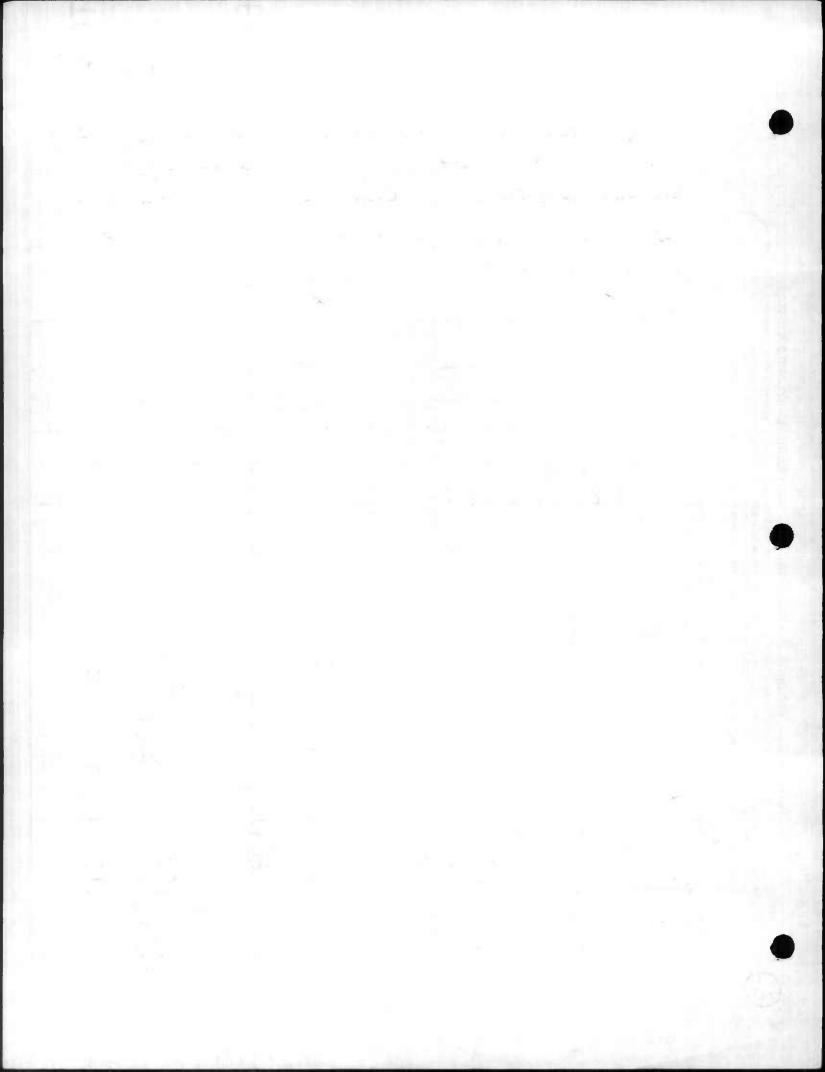
Daybon Bondale

		FOR STATE REGISTRAR		ERTIFICATE	OF DEATH	D MENTAL HYGI REG.		
		1. DECEOENT'S NAME (First, Middle, Last) CARRIE E.	STANSBURY		RY	2. DATE OF DEATH	DAY - 41	3. TIME OF DEATH 3: 10 pm, M
_		Annual Control of the	SEX 6. AGE (In yrs. Inc	YRS. IF UNDER	1 YEAR IF UNDER 24 HR DAYS HOURS MIN	Adopth Day Ma	Co Co	RTHPLACE (State or Foreign untry) "Qinia
2, 3 should	TOR	PRINCE GEORGES	HOSPITAL CE	NTEX 96. CITY	CHEVER	E OEATH	PRINCE	F DEATH
8	DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN C		,		10d. INSIDE CITY LIMITS?
The last			George's Noon Spellma	Cheverl an Cnt.	10f. ZIP CODE		10g. CITIZEN C	1 X YES 2 NO
	UNERAL	2900 Mercy Lane	WAS DECEDENT EVER IN U.S. AT	DMED 12	20785	SPANIC ORIGIN? (Specif	USA Van or No. 14 B	ACE — American Indien,
attending physics se as the punk	BY F	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES 2 X	NO NO	f yes, specify Cuben, Me I PES 2 NO Sc	xicen, Puerto Rican, etc	.) 8 S	pecify: aucasian
al or att	PLETED		(5) Hege (1-4 or 5 +)	ECEDENT'S USUAL O Bive kind of work done b. Do NOT use retired.) OUSEWife	CCUPATION during most of working		wn Home	Y
retained by the hospital 5 should be detached for notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)		ousewire		NAME (First, Middle, Me		
B & &	BE	Charles E. Chisho 19a. INFORMANT'S NAME (Type/Print)		Db. MAILING ADDRESS	Laura (Street and Number or Ri	Dudley	r Town, State, Zip Code)
y be retained sage 5 should be notified	2	Mr. Donald R. Ful	ler 12		st View D	rive, Belt	sville, Mo	20705
e 6 may be retained ector, page 5 should must be notified		20e. METHOD OF DISPOSATION 1 Burial 2 Crampion 3 Removal 4 Donation 8 Other precisy	20b. PLACE other p	Vece)	me of cemetery, cremetory Cremator		LOCATION — CHy o	a, Virginia
death. Page 6 may be funeral director, page examiner must be		2 mg buys or runeral service Lights	1/2 /	22.	NAME AND ADDRESS O	F FACILITY		RAL HOME
. a = a		23. PART I. Enter the diseases, or com	- dww	47	39 Balt. A	ve. Hyat	tsville. N	
tted within any viours after completely filled in by the fal, cremention, or remova- tevent, the medical			only ona cause on sech Im	andra-	the mode or dying,	such as cardiec or i	espiratory srrest,	interval Batwaen Onsat and Desti
he death certificate be executed vother attending physician and comp. Mental Hygiene prior to burlal, collury, or other traumatic evi	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSE	QUENCE OF):				
death cer e attending tental Hygi ury, or o	CERT	reaulting in death) LAST	1) autin	, bux	un t	7/2		
= - =	MEDICAL O	PART II. Other eignificant conditions of	ontributing to death but not	resulting in the u	nderlying cause give	PE	AS AN AUTOPSY PRES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
has bee Dept. o	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH	1 (Check only one)		
AN: The tificate e State or Item	SICI	EXAMINER?	OSPITAL: Inpetient 2 ER/Outpetient	3 DOA 4 Nu			/)	
de PHYSIC ter this cer ath with th marked, o	ву рну	27. MANNER OF CEATH 1 Naturat 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO		IOW INJURY OCCURE	
ATTENDIA ECTOR: At 5 after de	ETED I	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, street, fac	tory, office	28f, LOCATION (S City or Town,	State)	ıral Route Number,
PITAL DR ERAL DIRI n 72 hour	COMPLE	Unach may	it: To the best of my knowledge, on the basis of examination end/o					use(e) end manner ae stated.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and IMPORTANT: If Item 28 is marked, or Item 23 shows any I	BE	290 BIGHATIVE AND TITLE OF COTTYPES	5		29c. LICENSE			NED (Month, Day, Year)
	TO	30. NAME AND ADDRESS OF PERSON WHO CO PICHAHA TO FRED (Month, Day, Year) FEB 1 1 91	OMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print) ANNOYPUL	نه مع م	-2 CAMA	n mo 2	0706
		FEB 1 1 '91	32. REGISTRAR'S SIGNATURE	Bookell				
			0					DHMH-16 Rev 1



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, La Wilburn Car		oeder	heed	* 5	2. DATE OF DEATH MONTH	5 9	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 217-34-2365	5. SEX 1 M 2 F	6. AGE (In yrs. lest birthde 84 4 YRS	MONTHS D	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) March 22	8.	BUT HIPLACE Challe of Foreign				
9a. FACILITY NAME (If not institution, g 7316 Radcliff)		c ti	460	OWH OR LOCATION OF	DEATH	9c. COUNTY					
7316 Radcliff I	JNTY	200	CITY, TOWN OR	LOCATION		, rranc	10d. INSIDE CITY				
Maryland Pri	nce George	's Co	llege I	Tior, ZIP CODE		40- 0/7/75	1. YES 2 NO				
7316 Radcliff	rive	Dews		20740							
3 Widowed 4 Divorced	12. WAS DECEDEN	TEVER IN U.S. ARMED YES 2X NO WAR OR DATES	If y			U . S	RACE American Indian, Black, White, etc. Specify: White				
15. DECEDENT'S (Specify only highest of	EDUCATION trade completed)	16a. DECEDENT	T'S USUAL OCCI	UPATION ing most of working	16b. KIND OF SL	JSINESS/INDUS					
18. DECEDENT'S (Specify only highest of the content	College (1-4 or 6-6 Years	+) life. Do NOI	use retired.)		ant Unive	sitv o	f Maryland				
17. FATHER'S NAME (First, Middle, Last					AME (First, Middle, Malder						
William Schroed	ler			Theresa	a Froelich						
ING. HIT CHIMANT S HAME LINDSFINE)					I Route Number, City or Tox						
Tera Di pentoce	* * *						ryland 20740				
20e. METHOD OF DISPOSITION 1 Burlel 20 Fremation 3 1 4 Donation 5 Other (Spegin) 21. SIGNATURE OF FUNGRAL SERVICE	10	20b. PLACE ANO O	itan Cr	e) <u>ematory</u> ME AND ADDRESS OF F	02/09/91 A	lexand	ror Town, State ria, Virginia Home, P.A.				
Tay	J1 J1	a han	473	9 Baltimon	ce Ave. Hva	ttsvil	le. Md. 20781				
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		minuko									
	Itlons contributing to	death but not resultir	ng in the unde	erlying ceuse given i	n Part I. 24s, WAS A	N AUTOPSY	24b, WERE AUTOPSY FINDINGS				
					PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICA	M. T		-	26. PLACE OF DEATH (Check only one)						
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DO/	OTHER:	g Home 6 Residence							
25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 PYES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigate	26a. DATE Of (Month, I	F INJURY 28b.		BC. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUP	RED				
	t be building	OF INJURY — At home, fan , etc. (Specify)	m, street, fector	y, offica	281. LOCATION (Stree City or Town, State	(Street and Number or Rural Route Number, n, State)					
Constant of the constant of th		f my knowledge, death occ					cause(a) and menner as stated.				
Parlaly	296. SIGNATURE AND TITLE OF CERTIFIER Pashalune in Examiner 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) Pash A. DE VORE M.D. 4203 Queens bury Rd Hyattsville MD 20781										
PAUL A. De 31. DATE FILED (MONTH), Day, Year)	= VORE 1	h.D. 4203 (sburgh	d Hyatt	ville	18006 am				
CED 1 1 '01	Sulia	, Davidson-Rand	282								



1 - STATE REGISTRAR			C	ERTIF	ICATE C	F DEATH		REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)	Harol	a	CT	t		2. DATE	OF DEATH	AY 7	751	3. TIME OF DEATH
			-		reet						4:55 p м
4. SOCIAL SECURITY NUMBER 244-42-786		5, SEX 13 M 2 F	6. AGE (In yrs. In	yrs.	IF UNDER 1 YE		7. OATE (Mont) 12/	OF BIRTH	30	Count	HPLACE (State or Foreign Ty) Worth Caroli
9a. FACILITY NAME (If not ins 2717 Kelne	er Dr	reet and number) IVE				wn on Location of D	DEATH			INTY OF D	George.
RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	Y, TOWN OR LO	DCATION					10d, INSIDE CITY
Maryland		e George			Landov						LIMITS?
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CI1	TIZEN OF	WHAT COUNTRY?
2717 Kelner	Driv	e				20785				Ţ	JSA
11. MARITAL STATUS 1 Never Merried 2 4 1 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 🔀	RMED NO	If yes	DECENOENT OF HISPA B, specify Cuben, Mexic YES 2 X NO Spec	en, Puerto		or No-	14. RAC Blac Spec	E — American Indian, ik, White, etc.
	DENT'S EDUC		16a. D	ECEDENT'S	USUAL OCCU	PATION	168	. KINO OF BU	SINESS/IN	IDUSTRY	
Elementary/32condery (0-	highest grade	College (1-4 or 5	+)	Plum	work done during the retired.) iber Su	g most of working spervisor		Pr	ivate	Э	
17. FATHER'S NAME (First, Mid	ddle, Last)		Chan a			18. MOTHER'S N	AME (First,	Middle, Melden	Sumame)		
John			Street			Pau	line				Street
190. INFORMANT'S NAME (Ty	pe/Print)		11	b. MAILING	ADDRESS (St	reet and Number or Rura	l Route Num	ber, City or Tow	rn, Stete, Z	(ip Code)	
Madaline	H.	Stre				r Dr/Land					
20e. METHOD OF DISPOSITION 1 Burtill 2-Disposition 4 Donation 6 Other	n 3 🗆 Remo	oval from State	20b. PLACE other p	lace)	app C	of cometery, crometory or crematory		Si	lver	Spri	ing Ma
SI, SIGNATURE OF FUNERAL	SERVICE LIC	TO MORE	alx	Le		4 Landove		enkins	Fune	eral	Home
23. PART I. Enter the disabole, of he handled the condition resulting in death)	ert feilure.	List only one ce	use on each iin	a.		Metrs phoma			iratory s	rrest,	Approximeta interval Between Onaet and Daeth Approximeta
Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIII CAUSE (Disease or injust that initiated events resulting in death) LAS	ng ry	C	O (OR AS A CONSI			phoma					7/4/5
PART II. Other aignifica	nt condition	a contributing to	death but not	resulting	in the under	rlying cause given i	n Part i.	24a. WAS AF PERFO 1 TYES	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					86. PLACE OF DEATH (Thorn only o	and a			
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗍 004	OTHER:	The constitute					
27. MANNER OF DEATH		26a. DATE O	F INJURY	28b. TIR	NE OF 28	c. INJURY AT	1	SCRIBE HOW	INJURY O	CCURED	
	Pending Investigation		Day, Year)	IN	JURY M 1	WORK?					
3 Sulcide 8	Could not be setermined	28e. PLACE (building	OF INJURY — At I	ome, farm,	street, factory,	office		CATION (Street y or Town, State		er or Rural	Route Number,
(Check only						, date end place, and d					n(a) and manner as stated.
296. SIGNATURE AND TITLE						29c. LICENSE N		, , , , , , , , , , , , , , , , , , ,	_		O (Month, Day, Year)
Later	16	Pet 10	J.			DOZ.	011		•	2/	8/91
30. NAME AND ADDRESS OF	Gold	O COMPLETED CAN	2415	EM 27) (Typ) MUS	e, Print)	Rd. 5,	tver	Sph,	MD	20	964

FEB 11 91

Julie Davidon Andres

nit. Pages 1, 2, 3 should

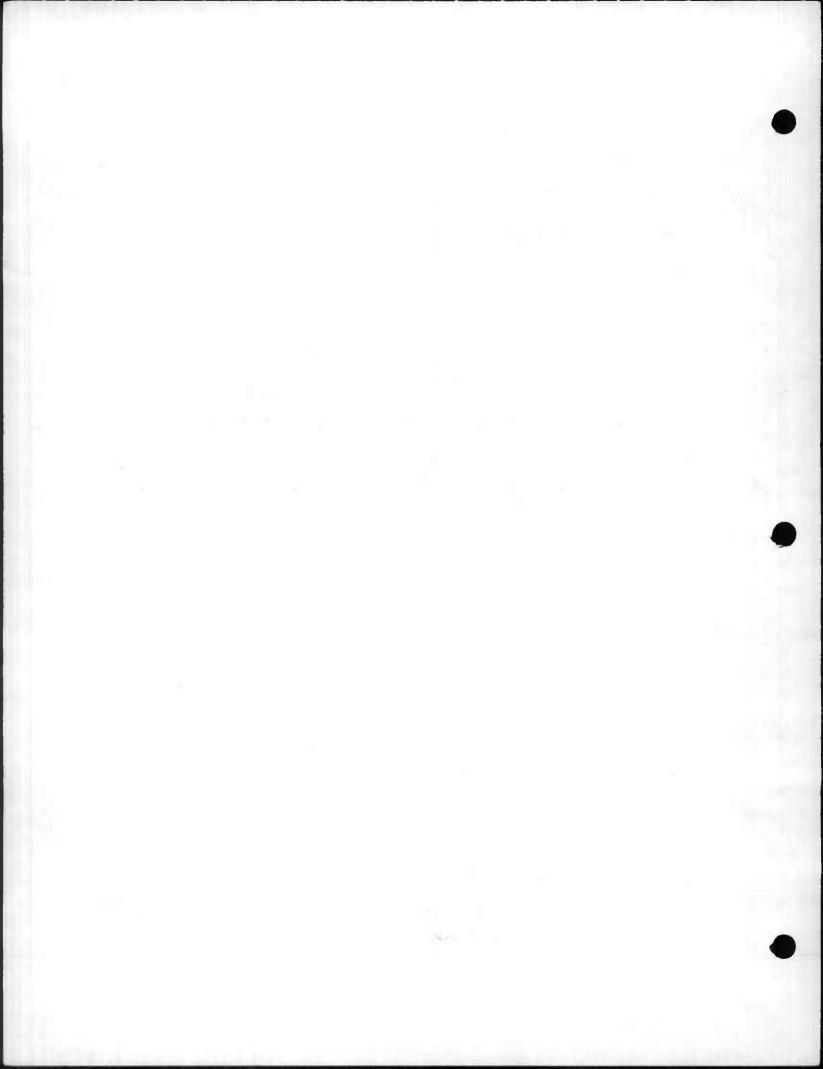
TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-314 IN THE HOSPITAL AN ATTENDAG PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the perfect within 72 hours after obsit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

INPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	1. DECEDENT'S NAME (First			5	SWA	RTZ		Sr.	2	DATE OF DEA	TH DAY	YEAR 3. TI	ME OF D
	4. SOCIAL SECURITY NUM 220-10-097		5. SEX 10 M 2 D F	6. AGE (In yrs. Ia	est birthday) YRS.	IF UNDER 1 Y		IF UNDER :	24 HRS. 7	DATE OF BIRT	16 1	6. BIRTHPLACE Country) Virgin	E (State or
OR	Southen	111	iruland	HOSF	rital	96. C/T/V, T	DWN OR	LOCATIO	N OF DEAT	Н	907.00	DUNTY OF PEATH	(DC)
DIRECTO	Maryland	10b. COUNT	nce Georg	es	10c. CIT	ry, town on Fores							INSIDE CI LIMITS? YES 2
FUNERAL	6315 Pennsy		a Ave. #	103			10f. Z	20 20	747			J.S.A.	COUNTRY
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	lf y	res, speci	Ify Cuban		ORIGIN? (Spec Puerto Rican, a	ify Yes or No— Ic.)	14. RACE — Ar Black, Whi Specify: Whi	te, etc.
LETED	15. DE((Specify on Elementary/Secondary (CEDENT'S EDI bly highest grad (0-12)	UCATION le completed) College (1-4 or 5 +	·) (Give kind of le. Do NOT u	work done dur	UPATION ing most	of working	7		OF BUSINESS/I		
COMPL	4 17. FATHER'S NAME (Flist, A Walter Sc		wartz	m	echar	110					Asiden Surname	e repair	
TO BE	19a. INFORMANT'S NAME (Type/Print)						l Number	or Rural Rou	ite Number, City	or Town, State,		П
*	Lawrence C. Swartz Jr. 248 Bar Oak Dr. Waldorf MD. 20601 20e. METHOD OF DISPOSITION 1 M Surial 2 Cremation 3 Remove from State 4 Donation 5 Other (Specify). 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) Cedar Hill Cemetery 2/11/91 Suitland. MD. 22. NAME AND ADDRESS OF FACILITY 4308 Suitland. Robert E. Wilhelm, Inc. Suitland. MD.												
	23. PART I. Enter the cahock, or I	seases, or eart failure	complications that. List only one cou	it caused the duse on each lin	seeth. Do						. Suit	land, M	D. 20 Approxi
ITIFICATION	immediate Cause (Fi disease or condition resulting in death) Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events	tiona, ediata	a. OUE TO DUE TO C.	to caused the dise on each line (OR AS A CONSI	EOUENCE C	not antar th	ne mode	e of dyle	ng, such	na cardiac o	. Suit	land, M	Approxi
EDICAL CERTIFICATION	shock, or immediate the condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injury)	tiona, ediata (ING ury ST	a. DUE TO b. DUE TO c. DUE TO	(OR AS A CONSI	EOUENCE C	not antar the	v.	e of dyli	end	ena cardiac or	. Suit	arreat, M	Approxi- Interval Onset a E AUTOPSYLABLE PRIK PULETION D DEATH?
MEDICAL CE	ahock, or immediate cause (F disease or condition resulting in death) Sequentially list condition and if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injut at initiated events resulting in death) LA: PART II. Other aignifications are supported in the conditions of t	titiona, ediata (ING ury ST	a. DUE TO b. DUE TO c. DUE TO d.	(OR AS A CONSI	EOUENCE C	DF):	eriying	cause g	end	ent i. 24a. 1	Suit	arreat, M	Approxi- Interval Onset a Approxi- App
BY PHYSICIAN: MEDICAL CE	ahock, or immediate the condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting to immediate. Enter UNDERLY CAUSE (Disease or injust in initiated events resulting in death) LA: PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES NO. 27. MARKEN OF DEATH 1 Natural 5 2 Accident 3 Builde 8	tiona, ediata / ING ury ST	a. BUE TO b. DUE TO c. DUE TO d	(OR AS A CONSI	EOUENCE C EOUENCE C Treaulting 3 □ DOA 26b. TH	OTHER: 4 Nursir ME OF JURY M	26. PLA	cause g	plyen in Position 6 1 2 NO	ex cardiac of	WAS AN AUTOPS WERFORMED? YES 2 THO	sy 24b. WER AMAI COM OF E	Approxi- Interval Onset a Approxi- Interval Onset a Autopsy- Lable Prix Pletion D Meath? YES 2
ED BY PHYSICIAN: MEDICAL CE	ahock, or immediate the condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death the cause. Enter UNDERLY CAUSE (Disease or injust in the initiated events resulting in death) LA: PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES NO 27. MANUSER OF DEATH 1 Natural 5 2 Accident 2 Buicke 8 29a. CERTIFIER (Check only)	titiona, ediata // / / / / / / / / / / / / / / / / /	a. BUE TO b. DUE TO c. DUE TO d	(OR AS A CONSI (OR AS A CONSI	EOUENCE C EOUENCE C Treaulting The country of the c	OF): OF): OTHER: 4 Nursin ME OF JURY M atrest, factor	eriying deriving Home work work to the work of the wor	cause g	piven in Po	ert i. 24a. v ert i. 24a. v only one) Other (Special DESCRIBE	WAS AN AUTOPS FERFORMED? YES 2 NO (Street and Num., State)	SY 24b. WER ANAI COM OF E	Approximately ap
BY PHYSICIAN: MEDICAL CE	ahock, or immediate the condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death the cause. Enter UNDERLY CAUSE (Disease or injust in the initiated events resulting in death) LA: PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES NO 27. MANUSER OF DEATH 1 Natural 5 2 Accident 2 Buicke 8 29a. CERTIFIER (Check only)	titiona, ediata / indicata / indi	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO 26a. DATE OF (Month, D. 26a.	(OR AS A CONSI (OR AS A CONSI	EOUENCE C EOUENCE C Treaulting Total Tota	OF): OF): OF): OTHER: 4 Nursin ME OF 2 JURY M , street, factor	eriying deriving Home work work to the work of the wor	cause g	piven in Po	ert I. 24a, 1 ort II ort II	NAS AN AUTOPS SERFORMED? YES 2 NO (Street and Num., State)	SY 24b. WER ANAI COM OF E	Approximately and a second of the second of

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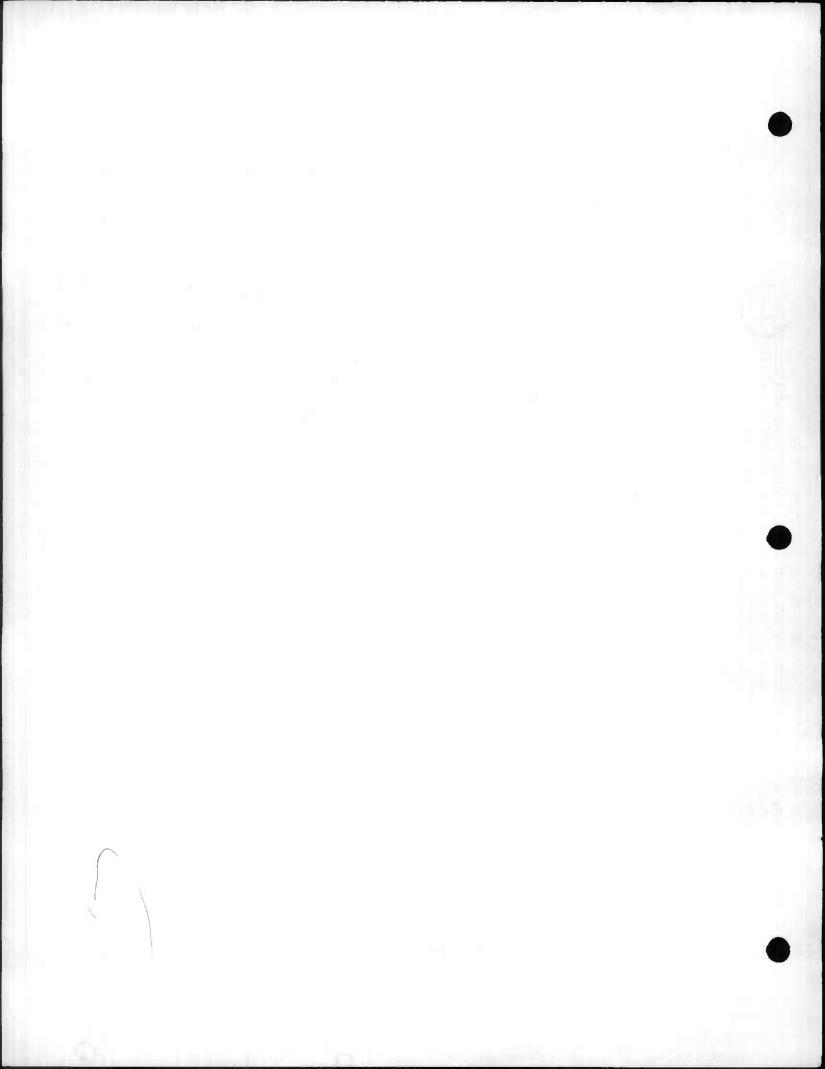
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CE	RTIF	ICATE	OF	DEAT	гн	2 DATE	REG. NO.			3, TIME OF DEATH
	FANC		JANE		STA	NL.	EY		HONT		F	9 /	23145 N
8	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. less	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH h, Day, Year)	-	8. BIRTI	HPLACE (State or Foreign
	250-20-6/20	1 - M 2 -F	88	YRS.	1000				OCT		1902	S.	CAROLINA
~	9a. FACILITY NAME (If not institution, give str		_					ON OF DE	ATH		7.5	NTY OF E	
ē	PENINSULA GENERAL	HOSPITA	L			SAL.	ISBUE	ΧY			WJ	[COM]	LCO
DIRECTOR	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?
		OMICO		I	RUIT	-							1 YES 2 NO
RAL	10e. STREET AND NUMBER					101	ZIP COD				10g. CIT	USA	WHAT COUNTRY?
FUNERAL	116 WILLIAMS STR		NT EVER IN U.S. AR	MED	13. 1	MAS DEC		326 De hispai	NIC ORIGI	N? (Specify Yas	or No-	14. RAC	E - American Indian.
	1 Never Married 2 Married	FORCES?	YES 2 X		1	f yes, sp	ecity Cubi		n, Puarto	Rican, atc.)		Blac Spec	ok, White, atc.
ВУ	3∑ Widowed 4 Divorced		mem. E-ro				- 11						WHITE
TEC	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(G	CEDENT'S	Work done of retired.)	CUPATION TO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	ON ost of work	ing	16	b. KINO OF BU	SINESS/IN	OUSTRY	
7	Elementary/Secondery (0-12) 8 YEARS	NO NO	+)		1EMAK						HOME	7	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1101	TEPIAK	EK	18. MOT	HER'S NA	ME (First,	Middle, Maiden			
BEC	THOMAS	G.	JORI	DAN			NO	ORA		(unk)	HYM	AN
TO B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRESS	(Street	and Numbe	or Aural	Route Nun	nber, City or Tow	n, Stata, Zi	ip Code)	
H	GARY STANLEY		I bussiesses						RY RI	D, CON			29526 Fown, State
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Remo	val from Stata	20b. PLACE other pl GRAHA	ece)	EMETE		metery, cre	matory or			NWAY.		fown, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	99= 1			22.	NAME A	NO ADDRI	ESS OF FA	CILITY				
	+ flom /	of las	rul	_						HOME,		Y . MI	D 21801
	23. Enter the diseases, or contact of the second of the se	ompilcations th	et cause ha de	eth. Do									Approximata Interval Batween
	IMMEDIATE CAUSE (Fine)	.ist only one ca											Onset end Deat
	disease or condition resulting in death)	CA.	APIO A	vuc	M01	VX	LAY		ARI	AFST	_		
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<u>0</u>	Sequentially list conditions,	DUE TO	O (OR AS A CONSE	QUENCE	OF):	_		11 1	MKI		177	-un	74
CAT	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	À											
TE	that initiated events	DUE TO	O (OR AS A CONSE	OUENCE (OF):								
CERTIFICATION	Tostiany in death) 2.3.												
۲	PART ii. Other eignificant condition	s contributing t	o death but not	resuiting	in the ur	nderiyir	g cause	given ir	Part i.	24a. WAS AF		7 24	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC										1 TYES	2 🗌 NO		OF DEATH?
M										1			1 YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL					26.5	H ACE OF	DEATH (C	hack natu	000)			
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	DOA	OTHE!	R:				ner (Specify)			
HX	27. MANNER OF DEATH	28b. T		28c. IN	JURY AT		7	ESCRIBE HOW	INJURY O	CCURED			
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	1.77	M		YES 2	□ NO							
	3 Suicide 6 Could not be	ome, ferm	, street, fec	tory, off	ce		281. LC	CATION (Street ty or Town, State	and Numb	oer or Rura	al Route Number,		
H	an ormalists												
COMPLETED	(Check only												e(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE							CENSE N		*			EO (Month, Day, Year)
BE	De Charl	nichi	- M.	0.				-		2	•		10-21
2	D9 Charling ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (None Print)												

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD, LOCUST & QUINCEY STREETS, SALISBURY, MD
32. REGISTRAR'S SIGNATURE MD, DENNIS CHODNICKI, 21801

Savidson Randell FFB1 3 '91

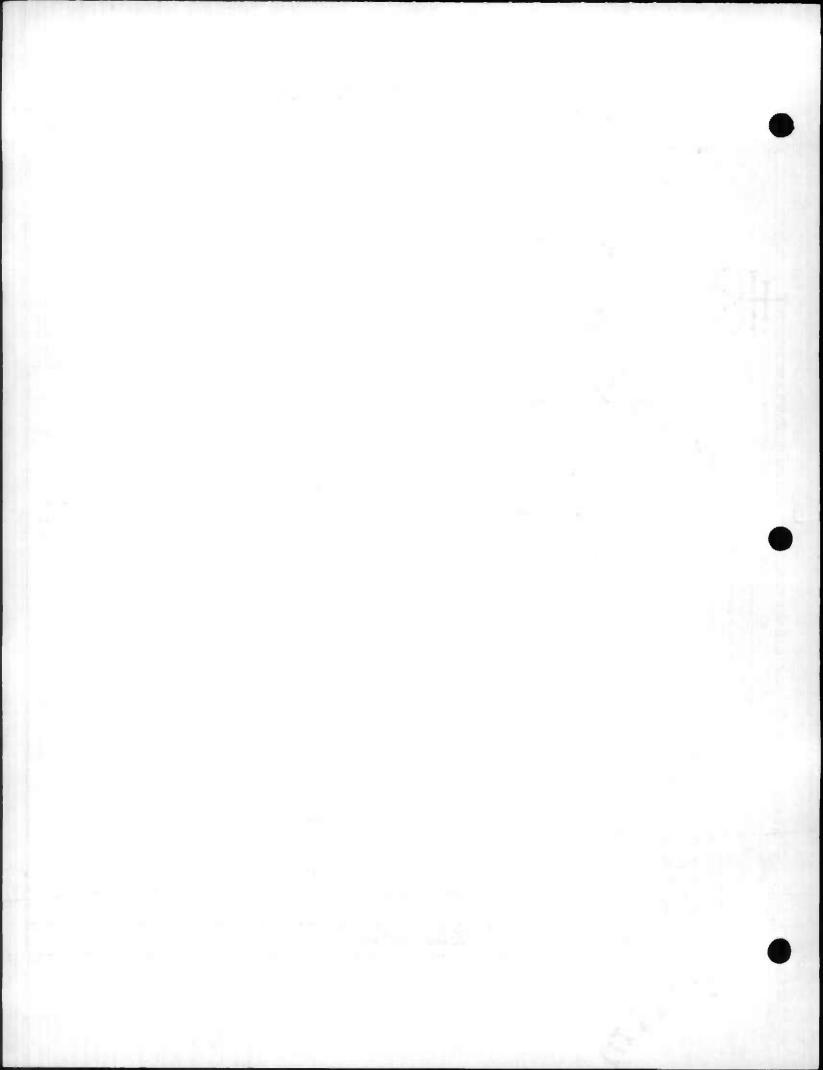
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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1	1. DECEMENT'S NAME (First, Mid	(dia, Last)	Charle	Raymor		ICATE OF			2. DATE OF DEA	ATH DAY	91	YEAR	3. TIME OF DEATH 755AM N
_	4. SOCIAL SECURITY NUMBER 219-12-1092		5. SEX	8. AGE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTY (Month, Day, V Feb. 21	TH bar)	005	Countr	
\	9a. FACILITY NAME (If not institut	tion, give s	1 XM 2 F	0.	YRS.	9b. CITY, TOWN	OR LOCATI	ON OF DE		, 1	925 9c. cou	Mar NTY DF D	yland
CTOR	Washington		ty Hospi	tal		Hag	ersto	wn			Was	hing	ton
DIRECT	10a. STATE 10	b. COUNT	Y		10c. CIT	Y, TOWN OR LOC	TION						10d. INSIDE CITY LIMITS?
	Maryland	Wa	shington			Hager	S t OWT				40.00		1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1130 Kuhn Av	enue					2174	0				U.S.	Α.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 ND IF YES QUE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes of If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:								or No—		E — American Indian, k, White, etc. Hy: white		
PLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) () -5 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) maintenance school board												
E COMPL	17. FATHER'S NAME (First, Middle, Last) Grover Cleveland Smith 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Clara May												
TO B	Grover Cleverating Silitatin 100 IMFORMANT'S NAME (Toron Prior) 100 IMFORMANT'S NAME (Toron Prior) 100 IMFORMANT'S NAME (Toron Prior)											21740	
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 4 Donation 5 Other (Sp	3 🗌 Rem	noval from State	other n	(ece)	SITION (Name of c		matory or		Hag	gerst	own,	own, State Maryland
	21. SIGNAPORE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, Maryla 2174												
RTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) Due to (or as a consequence of): Due to (or as a consequence of):												
CERTII	that initiated events resulting in death) LAST												
MEDICAL	PERFORMED? 1 YES 2 NO										b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO N EXAMINER?	EDICAL	HOSPITAL:	_			PLACE OF	DEATH (C	theck only one)		-		
PHYSICIAN:	OTHER: 1. YES 2 NO 1. Inpartent 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26. TIME OF 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 28. TIME OF 1. Netural 5 Pending 28. TIME OF 1. Netural 5 Pending												
red BY	Accident Investigation 2 Accident										Route Number,		
COMPLET	One) 2 MEDICA	L EXAMIN	SICIAN: To the best										(a) and manner as stated.
TO BE (296 SIGNATUNE AND TITLE OF	11	MX			4	7)	GENSE NI	UMBER		29d, D/	TE BIGNE	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 Oppo. Print) & Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan												
	31. DATE FILED (Month, Day, Ye	9191	32. REGIST	wie Davids	on B	ndall.		/					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2... Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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31. DATE FILED (MODE), Day, Nay)

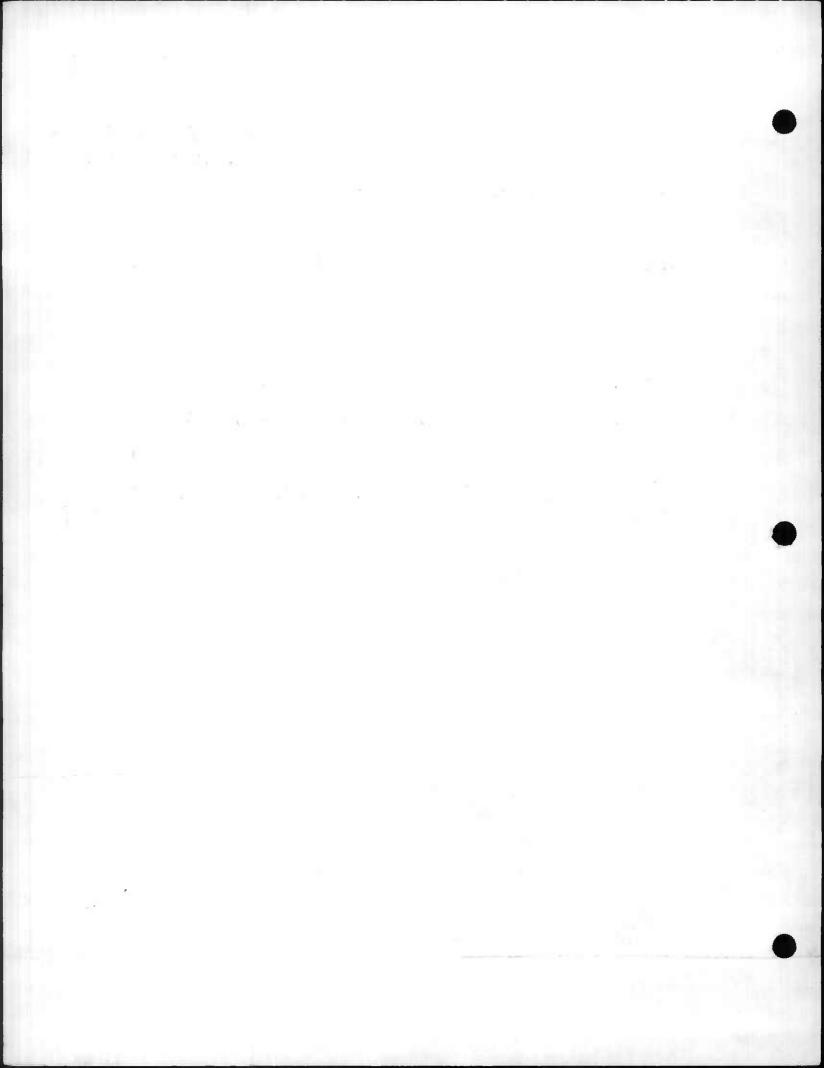
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Jacob Harold So	chroyer							2. DATE OF	DEATH	* <	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 1XX M 2 □ F	8. AGE (In yrs. las	it birthday) YRS.	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF (Month, D. F'eb.	BIRTH by, (bar)	991	8. BIRTHPLA Country)	CE (State or Foreign
Sa. FACILITY NAME (If not institution, give str	net and number)			Oh CITY	TOWN (PLOCAT	ION OF DE		21-1			
Francis Scott Key		Center		17. 1	96. COUNTY OF DEATH Baltimore Baltimore							
RESIDENCE OF DECEDENT	Hearcar	deliter		Dail	OTING) I C				Dan	CIMOI	
Maryland Wash:	ington		34.7	y, town or location gerstown								LIMITS?
10e. STREET AND NUMBER Rt. 1 Box 384B 11. MARITAL STATUS 1 Nover Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				101. ZIP CODE 21740						U.S	ZEN OF WHA	T COUNTRY?
				13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp If yes, specify Cuban, Maxican, Puarto Rican, 1 YES 2 NO Specify:							14. RACE — Black, W	American Indian, hite, atc. White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16s. DECEDENT (Give kind or life. Do NOT					during mo	ON ost of worki	ing	3,000	one	SINESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, Last) Harold E. Schroyer								ME (First, Mide Fru				
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	and Numbe	or or Rural	Route Number,	City or Tow	n, State, Zip	Code)	
Harold E. Schroy	er	R.	t. 1	Box	3841	B Ha	gerst	town, M	D 2	1740		
20a. METHOD OF DISPOSITION 1 Buriel 2 S Cremation 3 Ramo 4 Donallon S Other (Specify)		20b. PLACE		SITION (N	ame of ce	metery cre			20c. LO		City or Town,	State
21. SICHATURE OF FUNERAL SERVICE LIC	ENSEE	Jan	3	Da	vis	Fune		Home Smith	sbur	g,MD	2178	3
23. PART I. Enter the diseasea, or cahook, or heart failure. IIMMEDIATE CAUSE (Final disease or condition resulting in death)	Sevice		ens	ion	por y 1t	oda of dy	ing, suc	h aa cardlad	or reap	To	est,	Approximate Interval Batwee Onset and Daa
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Ros	O (OR AS A CONSE	tor) a	hs T	TR	m	Sy	lon	4		
PART II, Other aignificant conditions contributing to death but not resulting in the Low appear Source 1 Sen									PERFO		AV CC Of	ERE AUTOPSY FINOING AILABLE PRIDR TO OMPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatient		OTHE	R:			neck only one)		VIC	d	
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28b. TII		Aursing Home 5 Residence 8 Other (Specify) 28c. INJURY AT WORK? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO									
1	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — Al home, for building, etc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ### OS P + Tall					to Number
2 Accident Investigation 3 Suicide 6 Could not be	building	, etc. (Specify)	LU									

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD ian's signature the Devidson-Randale

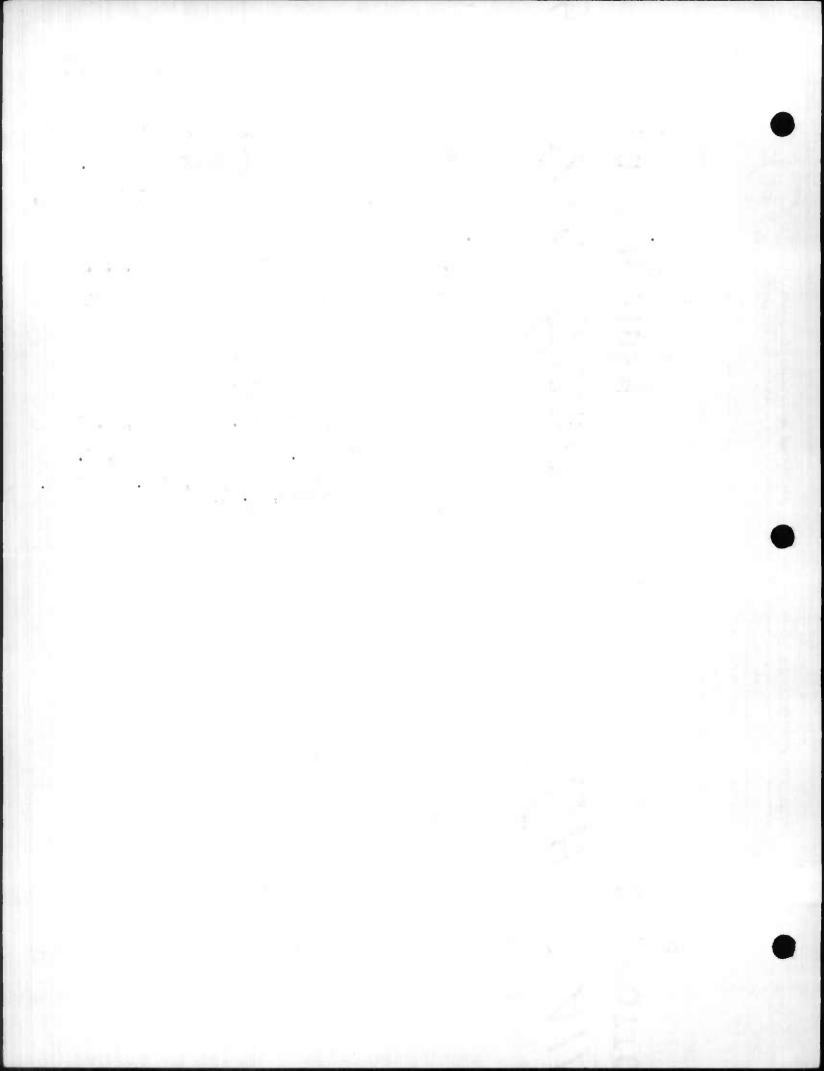
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N	A P	is is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
H	P. f	28
A	REC	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use after hearth with the State Deor, of Health and Mental Motiene prior to burial, cremation, or removal.	IMPORTANT, If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Lest) Amith, Morius Smith		2. DATE OF DEATH DAY	91 3. TIME OF DEATH	
TO BE COMPLETED BY FUNERAL DIRECTOR	212-22-1806 1×M20F 77 VRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 3/15/13	8. BIRTHPLACE (State or Foreign Country) Md.	
	Sinai Hospital of Baltimore	B altimor	e s	Baltimore Co.	
	Md. Baltimore Co.	TOWN OR LOCATION Baltimo		10d, INSIDE CITY LIMITS? 1 ∰ YES 2 ☐ NO	
	10. STREET AND NUMBER 3714 Fornest Park Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED		216	0g. CITIZEN OF WHAT COUNTRY? U.S. A.	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced 12. Was OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxico 1 YES 2 HNO Specify	in, Puerlo Rican, etc.)	No— 14. RACE — American Indian, Black, White, atc. Specify: Black	
	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Secondary 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Race Horse Trainer				
	17. FATHER'S NAME (First, Middle, Last) Stanley Loyd Smith	18. MOTHER'S NAME (First, Middle, Meiden Sumame) Lillian Foote			
	196. INFORMANT'S NAME (Type/Print) Wayne Smith 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 647 Pennsylvania Ave. Hagerstown. Md. 21.740				
	1 David 2 Cremation 3 Removal from State other place	e Hill Cem. 22. NAME AND ADDRESS OF F	Hag	rion - City or Town, State	
	Watson Funeral Home, 24 W.Bethel St. Hagerstown, md. 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate				
: MEDICAL CERTIFICATION	shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initieted events resulting in death) LAST d. Interval Between Onset and Death Conset and Death				
	PART II. Other algoriticent conditions contributing to death but not resulting in	the underlying cause given in	Part I. 24s, WAS AN AU PERFORME 1 YES 2	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:				
YSIC	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)				
	1 Netural 8 Pending (Month, Day, Year) INJU	28b. TIME OF INJURY AT WORK? M 1 VES 2 NO		JRY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, st building, etc. (Specify)	28e. PLACE OF INJURY — At home, farm, street, factory, office be building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Rural. State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.				
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER		MBER 2	29d. DATE SIGNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE FER 1 3 'G] Achie Davidson-Rondelle				



P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-the befilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the death certifi	been signed by the attending p	shows any injury, or oth
SION OF VITAL	ENDING PHYSICIAN: The lar	OR: After this certificate has ter death with the State Dep	8 is marked, or item 2:
DIVIS	TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTO be filed within 72 hours at	IMPORTANT: If Item 21

1. DECEDENT'S NAME (First, Middle, Last)	MILDRED V. Sa	VIRGINI.	m.	NSON	2. DATE OF DEATH MONTH	3-8	3. TIME OF GEATH
214-09-7100	1 🗆 M 2 💢 F	T3 YRS.	MONTHS D	AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1917	BIRTINPLACE (State or Foreign County) VIRGINIA
COLTON VIII	e Nsg Cen	tep	11	SERSTOW		9c. COUNTY	pohington
Maryland Wa	shington		Hagerst				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
Route # 6	Box 65			101. ZIP CODE 21740			J.S.A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 NO	If yo	S DECENDENT OF NISPA es, specify Cuban, Mexic YES 2 NO Specif	nn, Puerto Ricen, etc.)	fee or No 14	. RACE — American Indian, Block, White, etc. Specify White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (6-12)		life. Do NOT	's USUAL OCCU of work done during use retired.)	JPATION ing most of working		te Club	
17. FATNER'S NAME (First, Middle, Lest) Robert Lo	ouis Gru	bЪ		16. MOTNER'S NA	AME (First, Middle, Meide 1 Edith	,	ascock
James V. Fern	nes			Box 65, I			
20e. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 1 Donation 5 Other (Specify)			OSITION (Name	of cemetery, crematory or	20c. 1	LOCATION - City	
23. PART i. Enter the diseases, or	Brady complications that can	used the death. Do	22. NAI And: 40	me and address of F rew K. Cof E. Antieta	fman Funer m St.,Hage	ral Homerstown	e, Inc.
23. PART i. Enter the diseases, or ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentieliy list conditions, if any, leading to immediate	complications that cause of the control of the cont	used the death. Do on each line.	22. NAM And 40 D not anter th	me and address of F rew K. Cof E. Antieta	fman Fune; m St., Hage ch as cardiec or res	ral Homerstown	e, Inc. , Md. 21740 t, Approximate interval Betwe
23. PART i. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentieily list conditions,	complications that can List only one cause of DUE TO (OR b. OUE TO (OR c.	used the death. Do on each line. Subsequence	22. NAM And 40 D not anter th	me and address of F rew K. Cof E. Antietar e mode of dying, aud	fman Fune; m St., Hage ch as cardiec or res	ral Homerstown	e, Inc. , Md. 21740 t, Approximate interval Betwe
23. PART i. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that cause of the complications are cause of the cause o	used the death. Do on each line. AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	22. NAI And 40 D not anter th	ME AND ADDRESS OF FOR TEW K. Cof. E. Antietan e mode of dying, aud	fman Fune; m St., Hage the accordance or res M. J	ral Homerstown	e, Inc., , Md. 21740 t, Approximate interval Between Onset and De 3 24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO
23. PART i. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events reaulting in death) LAST PART II. Other significant conditions.	CENSEE BRACLY Complicationa that cat List only one cause of B. DUE TO (OR OUE TO (OR DUE TO (OR d. Ins contributing to dea	used the death. Do on each line. AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE ith but not resulting	22. NAI And 40 0 not anter th OF): OF):	ME AND ADDRESS OF FI TEW K. Cof. E. Antietan e mode of dying, auc arriving couse given in	fman Fune; m St., Hage ch as cardiac or res M. J	AN AUTOPSY ORMED?	e, Inc. , Md. 21740 t, Approximate interval Betwe Onset and De 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
23. PART i. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events reaulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO.	complications that cause of the complications that cause of the cause	used the death. Do on each line. AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE ith but not resulting	22. NAI And 40 20 not anter th COF): OF): OF): OF): OTHER: 4 — Widning Time OF 28	ME AND ADDRESS OF FI TEW K. Cof E. Antietan e mode of dying, aud and mode of dying, aud and mode of dying aud a	fman Fune; m St., Hage ch as cardiac or res M. J	AN AUTOPSY ORMED?	e, Inc., Md. 21740 t, Approximate interval Between Onset and De 3 24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DE CAUSOF DEATHY 1 YES 2 NO
23. PART i. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events reaulting in death) LAST PART II. Other significant conditions.	CENSEE Complications that cause of the complex of the cause of the ca	used the death. Do on each line. AS A CONSEQUENCE AS A CONSEQUEN	22. NAI And 40 D not anter th OF): OF): OF): OF): OTHER: 4	ME AND ADDRESS OF FIREW K. Cof. E. Antietan e mode of dying, aud and the company of the compa	fman Fune) m St., Hage the accordiac or res M. June 1 Part i. 24e. WAS PERF 1 YES heck only one) 8 Other (Specily)	AN AUTOPSY ORMED? 2 AND WINJURY OCCUPATE OF THE PROPERTY OF TH	e, Inc. , Md. 21740 t, Approximate interval Betwo Onset and De 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events reaulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 5 Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFYINO PNYS)	CENSEE Complicationa that cat List only one cause of the	used the death. Do on each line. AS A CONSEQUENCE AS A CONSEQUEN	22. NAI And 40 D not anter th OF): OF): OF): OF): OF): In OTHER; A I HYDRING IMEOF INJURY M In, street, factory	ME AND ADDRESS OF FIREW K. Cof. E. Antietar e mode of dying, aud and the company of the compan	m St., Hage m St., Hage the accardiac or res Light ac	AN AUTOPSY ORMED? 2 New VINJURY OCCUR et end Number or ten)	e, Inc., Md. 21740 t, Approximate interval Between Onset and De 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATN 1 Accident 3 Suicide 4 Homicide 28. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29. SIGNATURE AND TITLE OF CERTIFIER	CENSEE Complications that cause of the complex of the cause of the ca	used the death. Do on each line. AS A CONSEQUENCE AS A CONSEQUEN	22. NAI And 40 D not anter th OF): OF): OF): OF): OF): In OTHER; A I HYDRING IMEOF INJURY M In, street, factory	ME AND ADDRESS OF FIREW K. Cof. E. Antietar e mode of dying, aud and the company of the compan	m St., Hage m St., Hage the accardiac or res In Part I. 24a, WAS. PERF 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE NOT 28f. LOCATION (Stre- City or Town, Ste to the cause(e) end re time, date end place, IMBER	AN AUTOPSY ORMED? 2 (2.MS) W INJURY OCCUMENT OF THE PROPERTY	e, Inc., Md. 21740 t, Approximate interval Between Onset and De 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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3. TIME OF DEATH

2. DATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

-	-	-	
6, BALTIMORE, MARYLAND 21203-3146	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mous after death. Page 6 may be retained by the hospital or attending physician.	FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	ANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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P.O.	leath cert	attending ntal Hygie	y, or ot
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	v requires that the c	been signed by the	shows any injur
ITAL	N: The law	State Depi	item 23
OF V	PHYSICIA	this certif	srked, or
SION	TENDING	TOR: After after death	28 is ma
DIVI	AL OR AT	A DIRECT	f item 2
	HOSPITA	FUNERA within 7	TAMT:

DIRECTOR: After this certificate I hours after death with the State Item 28 is marked, or Item

FUNERAL within 72 h IMPORTANT: If

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stragleton Rebocca Clara 12.50 FM 50 6. AGE (In vrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) Aug. 22, 1907 83 HOURS 214-28-0436 1 M 2 X F Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Clearview Nursing Home Hagerstown WASHINGTON RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Washing ton Williamsport, MD 21795 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 16 E.Sunset Ave. 21795 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married 1 - YES 2 X NO Specify. BY White 3 X Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Vincent Charles Bishop Bessie Dwver BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Emoiean Moore Rt.2 Box# 150 Hagerstown, MD 21740 20a. METHOD OF DISPOSITION

1 X Burlal 2 Cremetton 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Mt. Olive Cemetery 4 Donation 5 Other (Specify) Hancock, MD 21. SIGNATURE OF FUNERAL SERVICE LICE OSBORNE FUNERAL HOMES P.O.Box # 348 Williamsport, MD 21795 23. PART I. Enter the diseases, or complications that caused the de the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. **Approximate** Interval Batween **Onaet and Death** IMMEDIATE CAUSE (Final disease or condition Carline reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A DO If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL nellities AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA # Nursing Home 5 ☐ Rasidanca 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DE\$CRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY -- At home, ferm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 8 Could not be 4 Homicide determined COMPLI 1 DENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(a) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 19/91 deny floor 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) EDSON 32. REGISTRAN'S SIGNATURE
Julia Davidson-Randelle 31. DATE FILED (Month, Day, Year)
FEB 1 9 '9

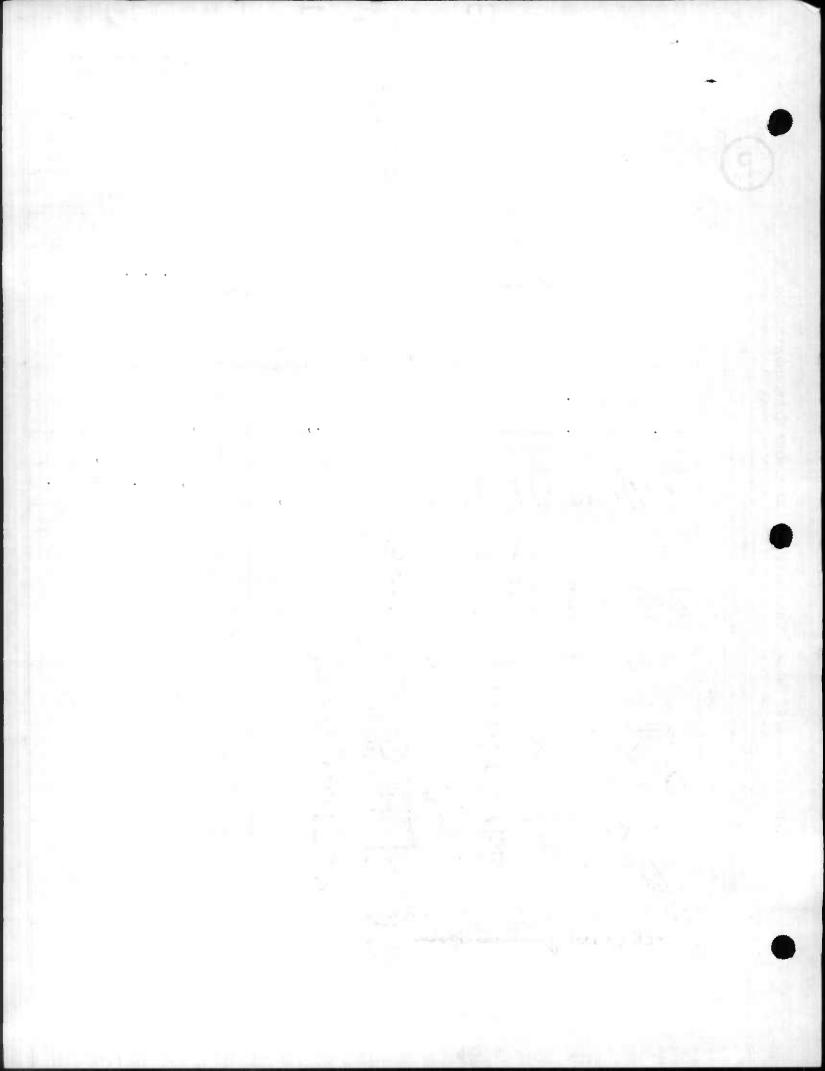
A. The

BOX 68760, BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the c	 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 	MPORTANT: if item 28 is marked, or item 23 shows any injur

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

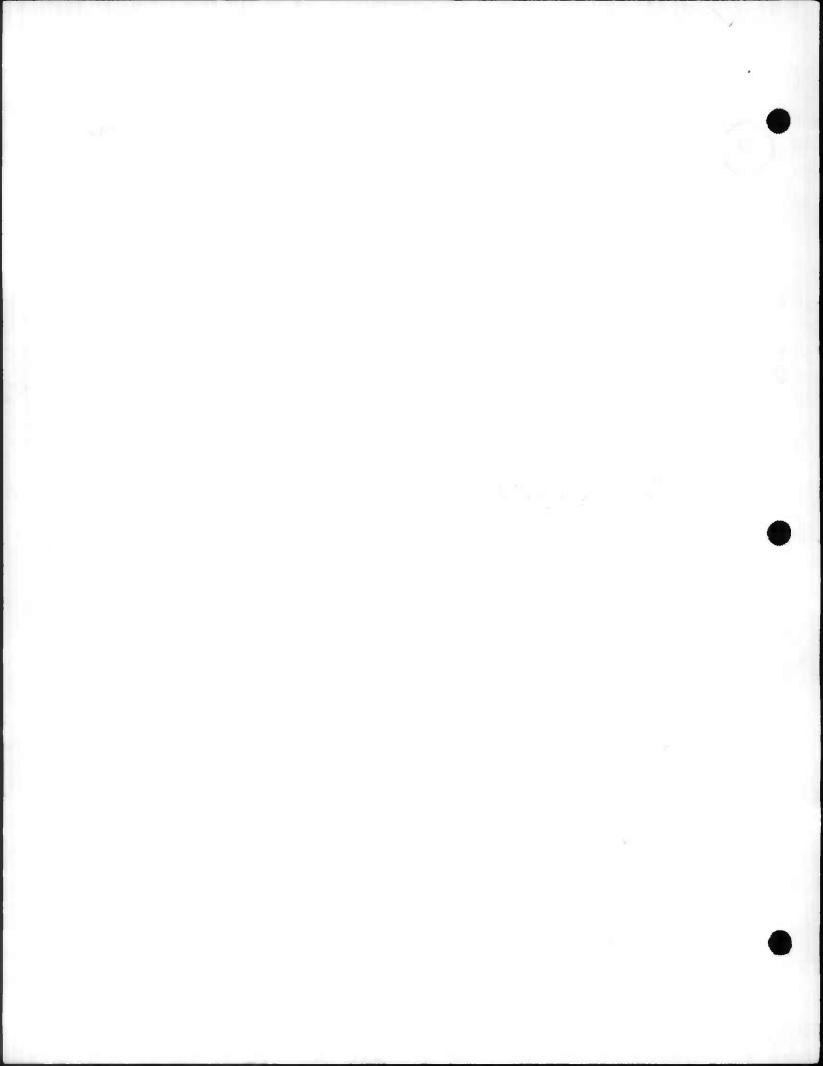
REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF OEATH
ELMER WOODROW SO	CHURG				FEBRUARY	w YEA 5. 1991	4:05 P M
4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign
714-14-6740	1x M 2 □ F 72	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12/13/1	8 Pi	OUNTRY) ENNSYLVANIA
9a. FACILITY NAME (If not institution, give a SACRED HEART HOS			LAND, MA		9c. COUNTY C	EGANY	
RESIDENCE OF DECEDENT							
10a. STATE 10b. COUNT MARYLAND ALLE	GANY	1	Y, TOWN OR LOCAT IBERLAN				10d. INSIDE CITY VLIMITS? 1 TYPES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
529 FORT AVE				21502		U.S.A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TO YES IF YES, GIVE WITH OR DA	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexice 2 NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.) y:		RACE — American Indian, Black, White, atc. Specify: WHITE
15. OECEOENT'S EOL	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUSTI	RY.
(Specify only highest grade	College (1-4 or 6+)	CURII	work done during mose retired.) NG & TR	UCK TIR	ES KELLY	SPRING	GFIELD TIRE
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
GEORGE W.	SCHURG			MART	THA DONIU	S	
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street a		Route Number, City or Tow		0)
MRS ELMER W.	SCHURG	529 1	FORT AV	E. CUN	MBERLAND,	MD 2	1502
20a, METHOD OF DISPOSITION	206	. PLACE AND OAT	E OF DISPOSITION	(Name	DATE 20c. LO	CATION — City	
1 N Burial 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	novel from State of C	ROSTBU	RG MEMC	RIAL PA	ARK C	UMBER	LAND, MD
21. SIGNATURE OF FUNERAL SERVICE U		man /	SOWE	RS FUNI	CHITY	,60 W	. MAIN ST.
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A C. DUE TO (OR AS A d.	rafau	etruc Plung	hu fu mer ery	ln. Di to lo Diseas	geale Bluir	Interval Batwee Onset and Dee
PART II. Other algnificant condition	ns contributing to death b	out not Seculting	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI 1 - YES 2	RMED?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					_	^	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF OEATH (C	heck only one)		
EXAMINER?	HOSPITAL:	petient 3 🗆 DOA	OTHER:	ne 5 Residence	6 ☐ Other (Specify)		
27. MANNER OF DEATH	26a. DATE OF INJURY	28b. Til	WE OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCURE	:0
Natural 5 Pending Investigation	(Month, Day, Year)	IN	JURY W	YES 2 NO			
3 Suicide 6 Could not be detarmined	/ — At home, ferm,	street, factory, offic	:0	261. LOCATION (Street City or Town, State	et and Number or Rural Route Number, ste)		
one)	BICIAN: To the best of my know			testine to the			use(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	In al	mo)	29c. LICENSE NU	MBER /	29d. DATE SIG	ONED (Month, Day, Youn)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF OR	PTARN	e, Print)	E 11	ROSTBUCG	- md	21537
31. DATE PLED (MONTH), Day, Mary 1	32. REGISTRAR'S SIGN	ATURE CONCLEGE	CKIVIC	- / / /	100/10-(0)	,	



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	C	ERTIF	CATE	OF	DEA	TH	RI	EG. NO.				
-	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D			HE 5/4	3. TIME OF DE	EATH
	Margielea Stonestr	eet See (AKA)	Marg	rie I	eah	S.	See	FEB.	7 DA	199	1 YEAR	1:45	Ам
١ ١		. SEX 6. AGE (In yrs. In					R 24 HRS.	7. DATE OF B	IRTH		6. BIRTH	PLACE (State or	Foreign
	232-26-1468 A 1	□ M 2 □XF 79	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV 10	79	11	Countr	W.VA.	
4.0	9a. FACILITY NAME (If not institution, give street	t and number)		9b. CITY	, TOWN C	R LOCAT	ION OF DE				NTY OF D		
DIRECTOR	THE CHATEAU OF CU				BER1						LEGAN		- 1
우네	RESIDENCE OF DECEDENT									AT			
Ĭ										10d. INSIDE C	ITY		
5	MARYLAND ALLEG	ANY	CUN	BERI	AND							1 X YES 2	□ NO
7	10e. STREET AND NUMBER				101	ZIP CO	DE			10g. CIT	IZEN OF V	VHAT COUNTRY	7
ER/	508 FORSTER AVE.				-1-	215	02			II.S	S.A.		
FUNERAL	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT	OF HISPAI	NIC ORIGIN? (Sp	ecity Yes		14. RACE	— American I	ndlan,
E	1 Never Married 2 Married	FORCES? 1 YES 2 1	(NO		If yes, spe	2 XNC	an, Maxica Specif	n, Puarlo Rican y:	, atc.)		Speci	c, White, atc.	5500
BY	3 ☒ Widowed 4 □ Divorced					- 120211		,.			9000	WHITE	
COMPLETED	15. DECEOENT'S EDUCAT (Specify only highest grade con	ION 16a, [DECEDENT'S	USUAL O	CCUPATIO	N of advand	da e	18b. KIN	D OF BUS	SINESS/INI	DUSTRY		
H.		Soliede (1-4 ot 5 +)	(Give kind of ville. Do NOT us										l
릴	Elementary/Secondary (0-12)	4 TF	RAVELI	ING T	TEACI	ER	FOR A	ADULT E	BLIN	D FOR	7.W S	/A.	
Ö	17. FATHER'S NAME (First, Middle, Last)					16. MO	THER'S NA	ME (First, Middle	, Malden	Surname)			
Ш	MARTIN CALVIN S	TONESTREET				MI	NNIE	CHRIST	CINA	HASI	ACKE	ER.	
BE	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING	ADDRESS	S (Street a	_		Route Number, C	_				
2	Janet Spense		Rt.4	18 Bc	0x 4/	+	Cuml	berland	I. Mo	1. 21	1502		1
	20s. METHOD OF DISPOSITION	20b. PLAC	E OF DISPOS	SITION (No	me of cer	netery, cri		JULIAN		CATION		wn, State	
	1 Burial 2 Cremation 3 Remova	from State SUNST	ET" MEN	ORIA	AL PA	ARK			CUM	BERT.	M QWA	ARYLAN	D
	21. SIGNATURE OF FUNERAL SERVICE LICEN						ESS OF EA	CILITY					
	MYN	I N						TT FUNE					_
	Nale d. 11	evill						STREET				IARYLAN	D
	23. PART I. Enter the disasses, or con- shock, or heart felium. Lis	hplications that caused tha c it only one cause on sech lie		not enter	tha mo	da Df d	ying, suc	ch as cerdisc	Dr respi	ratory ar	rest,	Approx	imate Between
	IMMEDIATE CAUSE (Final	, ,											end Death
	disease or condition resulting in death) s	Myocardia	1 Infa	arct	ion							10 1	min.
	to some management of the some some some some some some some som	DUE TO (OR AS A CONS	EOUENCE O	F):									
z		C.A.D.											
CERTIFICATION	Sequantielly list conditions, if sny, leading to immadiate	OUE TO (OR AS A CONS	EOUENCE O	F):									
8	ceuse. Enter UNDERLYING CAUSE (Disease or injury												
E	that initiated events	DUE TO (OR AS A CONS	EOUENCE O	F):									
	resulting in deeth) LAST												
	PART ii. Other significant conditions of	contributing to deeth but no	t resuiting	in the u	nderivin	n cause	oiven in	Part i 24s	WASAN	AUTOPSY	24h	. WERE AUTOPS	Y FINDINGS
8	<u> </u>			(3		PERFOR	MED?	-	AVAILABLE PR	OR TO
ă								10	YES 2	NO		DF OEATH?	J. G.00E
X												1 YES 2	□ NO
ä													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHE		ACE OF	OEATH (C/	heck only one)					
YSI		☐ Inpatient 2 ☐ ER/Outpatient	3 🗆 DOA			e 5 X 1	Raeldence	6 Other (Sp	ecify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF JURY	28c. IN.	URY AT		28d. DESCRI	BE HOW I	NJURY O	CURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			М	1 🗆	YES 2	□ NO						
	3 Suicide S Could not be	28a. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, fac	ctory, offic				N (Street		or Rurel	Route Number,	
ш	4 Homicide determined												
2	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge,	death occur	red at the	time, data	and plac	ca, and du	a to the cause(s) and ma	nner aa st	nted.		
COMPLETED		On the basis of examination and/o	or investigation	on, in my	opinion, d	leath occ	cured at the	e time, data and	placa, ar	nd dua to !	lhe cause(a) and manner	as stated.
	266 SIGNATURE AND TITLE OF CENTIFIER					290 11	CENSE NU	MRFQ		294 DA	TE SIGNE) (Month, Day, Y	ner)
BE	- 110	140.1				71111			100-		2/7		=/
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFE OF DEATH #	TEM 27 /3-	Delpot		1	00/05	8 Mary	Tano		4//	/ J L	
	the same and the s	and the second s			IIOOO	TITLAY	(TT	(DITIDY ASY	D 144	1727 4	1.775	01500	
	DR. GIOVANNI MASTI 31. DATE FILED (Month, Day, Year)	TAINGELU SAUK	EU RE	ALCI .	HUSP	TIAL	_ CUM	IBERLAN	U MA	KYLA	עע	Z1502	
	FEB 0 8 1991 9	Davidson's None	_										
		1											

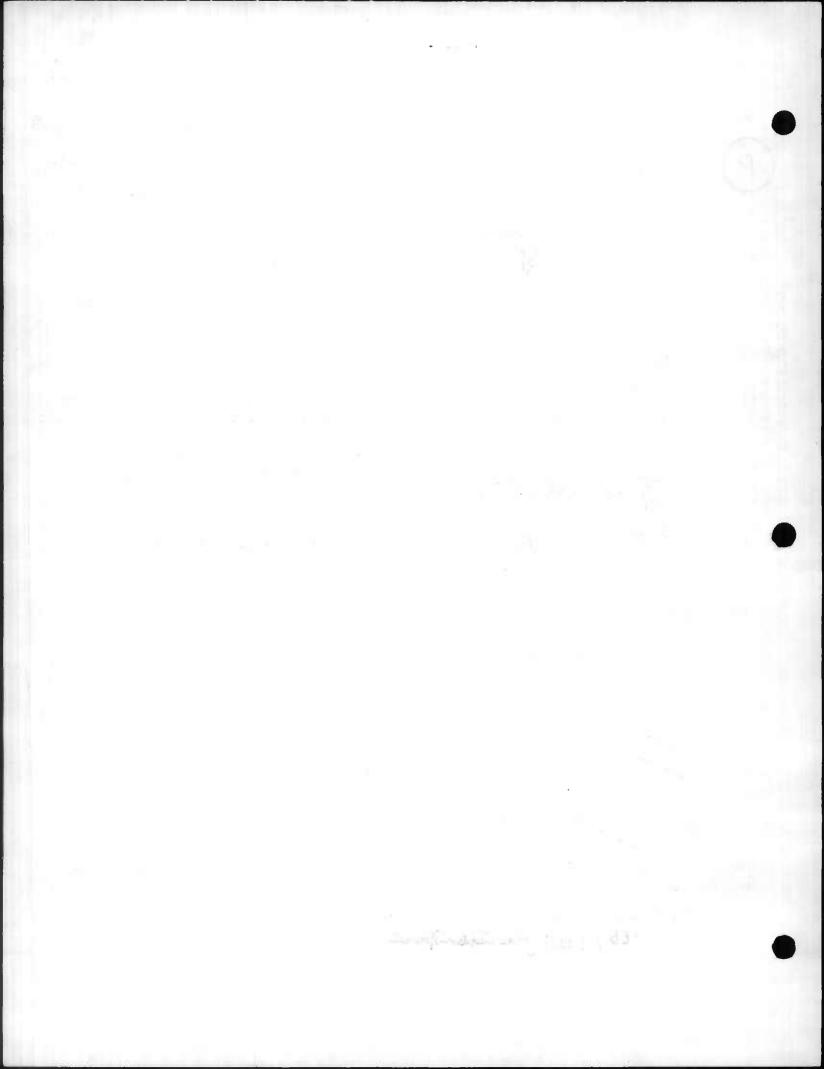


30. HAME AHO ADDRESS OF THE BOOK AND ADDRESS OF THE BO

	1. OECEDENT'S NAME (First, Middle, Last)	٨٥	SEL BEL	REG. NO. 2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
		SEX 6. AGE (In yrs. lest	birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dey, Year)	e. SHRTHPLACE (State or Foreign Country) ennsylvania
	202-03-5319 1 9a. FACILITY NAME (If not institution, give street	t and number)	9b. CITY, TOWN OR LOCATION OF		HTY OF DEATH
CKOR	1600 Governors	Bridge Road	Davidsonvil	le Anne	Arundel
DIFFE	10a. STATE 10b. COUNTY	Arundel I	10c. CITY, TOWN OR LOCATION)avidsonville		10d. INSIDE CITY LIMITS? 1 ☐ YES ※ ※ HO
FUNERAL	1600 Governors	BArdge Road	101. ZIP COOE 2 1 0 3		USA
מוסב ום		2. WAS DECEOEHT EVER IN U.S. ARN FORCES? 1 YES 2 XHO IF YES, GIVE WAR OR DATES			14. RACE — American Indian, Black, White, atc. Specify: White
רבובה		inpleted) (Giv	EEEHT'S USUAL OCCUPATION e kind of work done during most of working Do NOT use retired.)	16b, KIHO OF BUSINESS/IH	
COMPL	12 17. FATHER'S HAME (First, Middle, Lest) Victor Gross	LC1		Sealtes HAME (First, Middle, Melden Surname) la Sickle	st
וס מב	190. INFORMANT'S NAME (Type/Print) Robert V. Gros		MAILING ADDRESS (Street and Number or Rur 600 Governors B		
	20a. METHOD OF OISPOSITION 1 Burial 2 X Cremetion 3 Remove	20b. PLACE Of other place of the place of th	or disposition (Name of cameter), cramatory of Crematory	20c. LOCATION - Baltimo	City or Town, Stata
	21. SIGHATURE OF FUHERAL SERVICE LICEH		Hardesty Fu	meral Home, A	.A.
		it only one cause on each line.	UENCE OF):		Interval Betwee
CALION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A COHSEO	UENCE OF):	ANDIOVISCUL	M Dis GASC
ERTIFI	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEO	UENCE OF):		
	PART II. Other eignificant conditions	contributing to death but not re	euiting in the underlying ceuse given	In Pert I. 24s. WAS AH AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL					OF GEATH?
MEDICAL	25. WAS CASE DIFFERED TO MEDICAL EXAMINED	HOSPITAL:	26. PLACE OF DEATH	(Check only one)	
PHYSICIAN: MEDICAL	EXAMINATION TO BE TO THE STATE OF THE STATE	HOSPITAL: Inpetient 2 PR/Outpetient 3 28e. DATE OF IHJURY (Month, Day, Year)	OTHER: 4 Nursing Home 5 Resident 28b. TIME OF	5 W A T	1 YES 2 HO
TED BY PHYSICIAN: MEDICAL C	EXAMINATION 1	Inpatient 2 TVOutpatient 3 28a. DATE OF IHJURY	DOA OTHER:	ca 6 Other (Specify)	1 YES 2 HO

OEATH (ITEM 27) (Type, Print)

108 ASKONTOWRASUPA



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3 4	executed	
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7. 00	ertificate	
7.	death c	
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2	that 1	
	requires	
٠.	WP	
Ā	The	
2 4	PHYSICIAN:	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	
\leq	DR	
_	HOSPITAL	
	w	

05348 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY YEAR 1:40 AM MABEL SULLIVAN 07 91 22984 9544117 3848ER 719-01-1296 5. SEX 6. AGE (in vrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Y YRS. DAYS HOURS 1 M 2 F MATHY LAMO 00 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Pages 1, 2, 3 m DIRECTOR BUTIMONE GENERAL HOSPYBU RAYDAUSTOWN Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e. STATE 1 YES 2 X NO Owings Mills Baltimore Maryland permit. FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE filled in by the funeral director, page 5 should be detached for use as the burial-transit U.S.A. D Trolod Court 21117 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify. Specify: B 3 (Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
ilfe. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondery (0-12) College (1-4 or 5+) 8 Department Store Supervisor 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First Middle Maiden Surname) notified at Charles E. Lebon Fannie BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1 D Trolod Court Owings Mills, Md. 21117 Ellen J. McIntyre þ 20a METHOD OF DISPOSITION

1 A Burlel 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must ■ Donetion 5 □ Other (Specify) Woodlawn, Maryland Torraine Park Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 11605 Reisterstown Rd. Owings Mills, 21117 Md. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete ahock, or heert fellure. Liet only one cause on each line. Intervel Between Onset and Death IMMEDIATE CAUSE (Finel completely filled Sussained Ventrula Jechycordia DUE TO (OR AS A CONSEQUENCE OF): Quite My O Cavetal Infartion the disease or condition_ event, resulting in death) burial, traumatic MEDICAL CERTIFICATION and Sequentially liet conditiona, DUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician and, of Health and Mental Hyglene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST 23 shows any injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY AVAILABLE PRIDE TO HyperTension COMPLETION OF CAUSE 1 | YES 2 | NO DE DEATH? angina pectoris 1 YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item certificate h EXAMINER? HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 26d. DEŞCRIBE HOW INJURY OCCURED with w is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO death v BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, Stets) 3 Suicide 8 Could not be COMPLETED DIRECTOR: hours after 4 Homicide 28 determined Item 29e, CERTIFIER 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated. FUNERAL I 2 MEDICAL EXAMPLES: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner so ateted. IMPORTANT: If 200. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 田田 alla W.D. 2/14/91 037810 2 8 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C.M. CHAVIT JR. 5401 old count pd. pan DOLLSTOWN, MD

32. REGISTRAR'S SIGNATURE

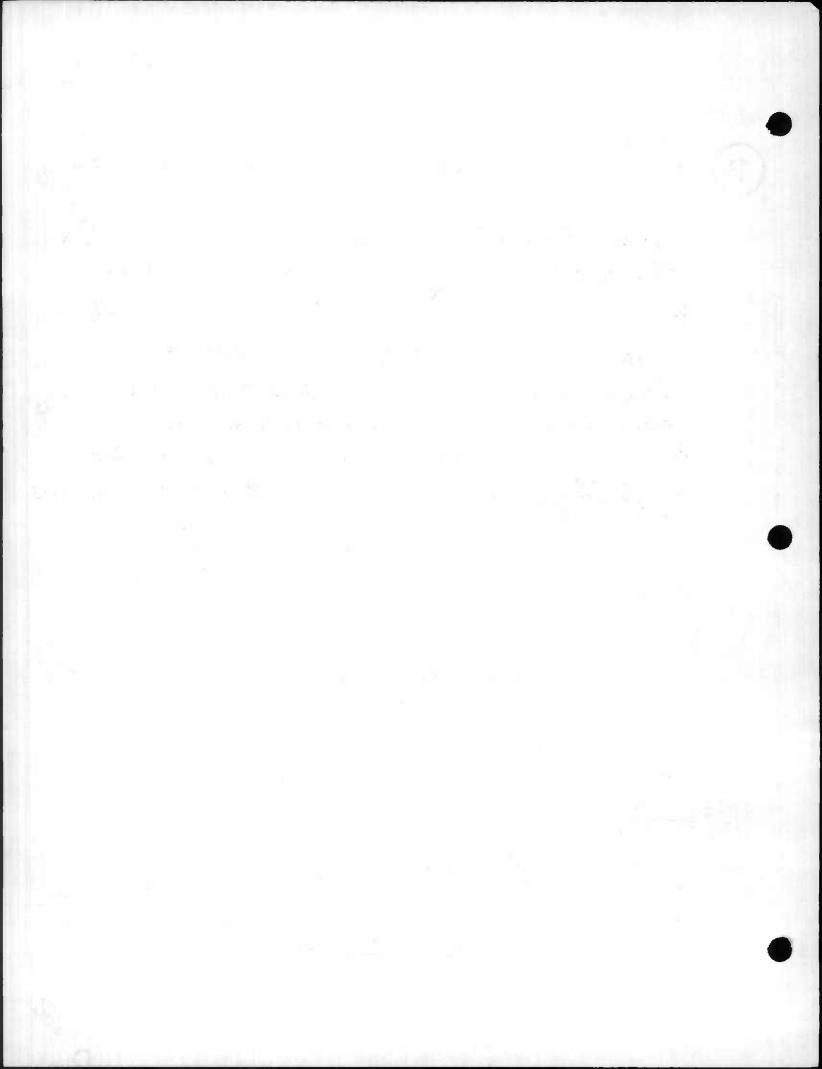
Lulia Davidson Randalle

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DIVISION OF VITAL RECORDS, P.O. BOA 13146,	NG	fter	
9	QNS	R. A	
<u>N</u>	Ā	CCO aft	
\leq	S	DIRE	
-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🗻 nours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dif- be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	SP	This	
	H H	E N P	
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	REGISTRAR	CERT	FICATE OF DEATH	REG. NO.	3. TIME OF OEATH
	1. DECEDENT'S NAME (First, Middle, Lest)	F. SI	nout	HONTH DAY	1991 0100
. I	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthd	IV) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH /	8. BIRTHPLACE (State or Foreign
)	231-28-6487	1 M 2 XF 64 YR	MONTHS DAYS HOURS MIN.	(Month, Day, Year) 4-27-2	26 Country) Md.
7	9e. FACILITY NAME (If not institution, give street	et and number)	96. CITY, TOWN OR LOCATION OF D	DEATH 90	c. COUNTY OF DEATH
OR	PENINSULA GENERAL	HOSPITAL	SALISBURY		WICOMICO
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCATION		10d. INSIDE CITY
E I	Md Sor	NEISET	Upper Hill		1 YES 2 NO
AL	10e. STREET AND NUMBER		10f. ZIP CODE	10	Og. CITIZEN OF WHAT COUNTRY?
FUNERAL	1.U.BOX 332		2-1867	1	UIJ,
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic	en, Puerto Rican, atc.)	Black White etc
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 NO Spec	ny:	Specify Black
0	15. DECEDENT'S EDUCA (Specify only highest grade of	moleted) (Give kind	T'S USUAL OCCUPATION of work done during most of working	16b. KIND OF BUSINE	ESS/INDUSTRY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	T use retired.)	SKAFOO	d
COMPLET	17. FATHER'S NAME (First, Middle, Last)		4 DOFIE	AME (First, Middle, Maiden Sun	
ECC	Sosral 1114r	-1	Sup	Jones L	DATA
0	19e. INFORMANT'S NAME (Type/Print)	19b. MAII	JNG ADDRESS (Street and Nymber or Rura	7.	State, Zip Code)
임	ESIE White	Pr	INCESS HAME	Md. 7183	3
	20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remov		POSITION (Name of cemetery, cremetory or	20c. LOCAT	FION — City or Town, State
	21. SIGNATURE OF PURERAL SERVICE LICE	JUMNE	22. NAME AND ADDRESS OF	MAN	okin Ma'
	21. SIGNATURE OF POSESSAL SERVICE CICE	Philadelphia	1 1	M Prin	CESS ANNE
- 2	Hulbery	6-Ward	163 Hampde		7774 7770
	23. PART I. Enter the diseases, or co shock, or haert fellure. Li	mplications that caused the death. I at only one cause on each line.	o not antar the mode of dying, su	ch ae cardiec or reapirat	interval Betw
	IMMEDIATE CAUSE (Final disease or condition	Carcina		-16. + Q	Onset and De
	resulting in death) a.	QUE TO (OR AS A CONSEQUENC	E OF):	80	X
2	b	Cavan	Drug -	pleany	mx
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE	E OF):		
2	CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENC	E OED-		
	that initiated events resulting in death) LAST		- 0. ;.		
	0.			- B I	
SAL	PART II. Other eignificent conditions		Ing in the underlying couse given i	PERFORME	ED? AMILABLE PRIOR TO
ă	_ ca cau	7 Ca, 17 C	1 - 2	1 🗆 YES 2 🗆	NO OF DEATH?
Σ					1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH	Check only one)	
SIC		HOSPITAL: 1-0 Inpatient 2 - ER/Outpatient 3 - Di	OTHER: 4 Nursing Home 5 Residence	e 6 Other (Specify)	
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year) 26b	TIME OF 28c, INJURY AT WORK?	28d. DESCRIBE HOW INJ	URY OCCURED
В	1 Natural 5 Pending 2 Accident Investigation	DO - DI AOT OF IN SHOW	M 1 YES 2 NO	201 1 0 0 17 10 11 10 11 11	Market Cont One Market
ED	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At home, for building, etc. (Specify)	ит, эпоет, пистогу, отнов	City or Town, State)	d Number or Rural Route Number,
COMPLETED	29a. CERTIFIER DESTRICTION DAVIS	IAN: To the heat of my browledge, death a	animal at the time date and alone and	has to the courselet and more	
MP	(Critick Only	IAN: To the best of my knowledge, death of the basic of examination and/or invest			
	29b. SIGNATURE-ARB TITLE OF CERTIFIER		29c. LICENSE N	IUMBER 1	29d. DATE SIGNED (Month) Day 'War)
BE	1100	- k - reg/	. Pz7	670	> 2/7/91
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED GAUSE OF DEATH (FRM 27)	(Type, Print) / O - O	re Bli	ill belt
	Dr. Evangelin		Sa	listier	JThe D
	S1. DATE FILED (Month, Day, 1967) FFB 1 2 '91	32. REGISTRAN'S SIGNATURE Sulia Savidon-A	1.00		0 3/80
					,



IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Zaman

FEB 06 1991

Dr.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

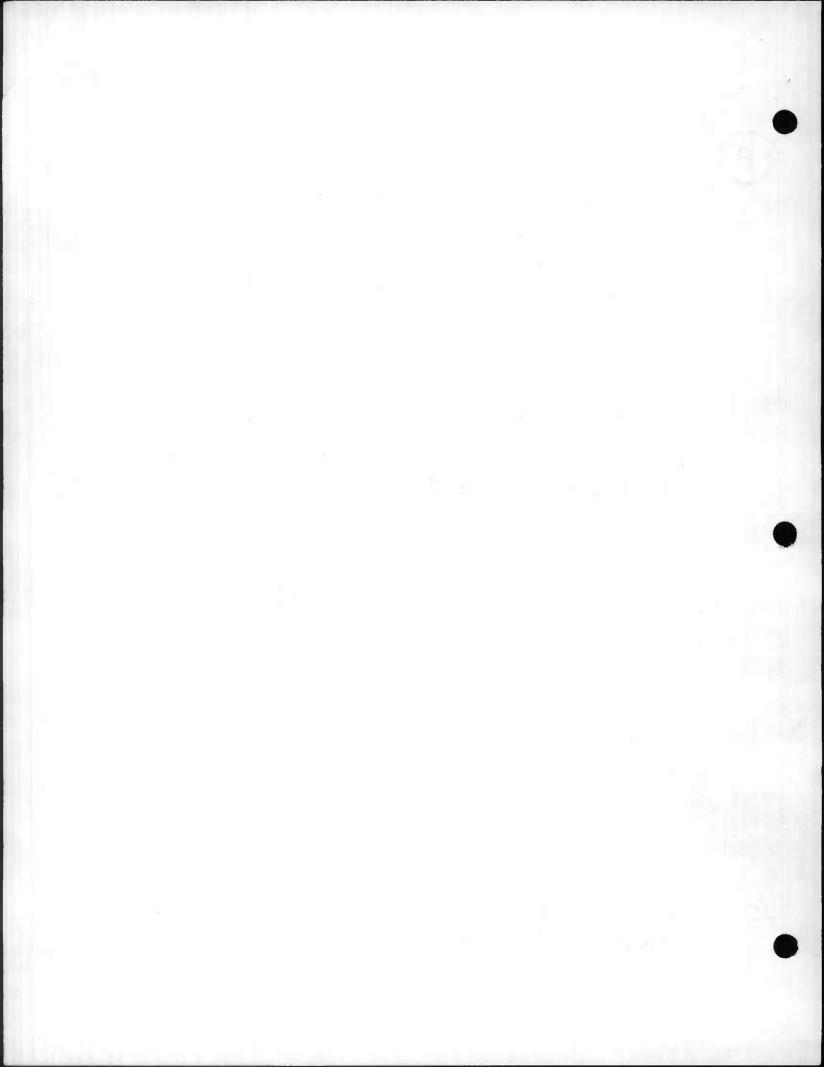
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	FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAF ERTIF					MENTAL	HYGIEN REG. NO.		1 (05350
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH DA	N a	YEAR	3. TIME OF DEATH
	JAY DONA			ILLW					Febru		, 19		2:12 A M
•		5. SEX	8. AGE (In yrs. les	YRS.	IF UNDER	DAYS	HOURS	MIN.		Day, Year)	2	Country	
	705-14-0116 9a, FACILITY NAME (If not institution, give st	_ X	//							31/13	_	NTY OF D	NSYLVANIA EATH
E	Memorial Hospita			ber1					11 - 1	egan			
DIRECTOR	RESIDENCE OF DECEDENT			1									
IRE	10e. STATE 10b. COUNTY				Y, TOWN							ŀ	10d. INSIDE CITY LIMITS?
	MARYLAND ALI 100. STREET AND NUMBER	EGANY			CUMI		ZIP CODE	F		-	10a. CIT	IZEN OF V	1X YES 2 □ NO
FUNERAL	P.O. BOX 1365/	6/ CDI	EENE SI	יםבסי	Π		215					U S	A
N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	RMED			ENDENT C	F HISPAN	NIC ORIGIN?		or No-	14. RACE	- American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 TH	МО			2 NO		in, Puerto Rid ly:	ean, etc.)		Speci	y:
													WHITE
IE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	CEDENT'S live kind of Do NOT u	work done	during mo	IN st of working	ng	16b. I	IND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		LLW	RIGI	T W	ORK	ER		RU	JBBE	R	
OM	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (First, Mi	idle, Malden	Surnama)		
BE C	WILLIAM PETER	STILLWA	AGON				L.	PE.	ARL	KENNI	ELL		
TO B	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRES	S (Street a	nd Number	or Rural	Route Numbe	; City or Tow	n, State, Zi	p Code)	
F	FAY TOFANI STI	LLWAGO	1 F	2.0.	BO	X 13	865	CUM	BERL	AND,	MD	21!	502
	20a. METHOD OF DISPOSITION 1 ☆ Burlel 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PLACE other pl	lece)								City or To	
i	4 Donation 5 Other (Specify)	ENSEE	<u> S.S.</u>	PET	-		PAU			CUI	MBER	LAN	D, MD
	La Sound 16	1	1-0-		H	AFE	R CF	HAPE	EL OF				MORTUARY
-	0	42. 1	aper						AL H				MD 21502
	23. PART I. Enter the disesses, or can shock, or heart failure.	List only one cer	ise on each line	esth. Do e.	not enter	r the mo	as of ay	ing, suc	ch ss cardi	ac or resp	iratory si	rrest,	Approximats interval Between
	IMMEDIATE CAUSE (Final disease or condition	0	1.0	Da	c1 ~	ant	my	1 1	Cai	/200	0		Onset and Desth
	resulting in death)	DUE TO	(OR AS A CONSE	QUENCE C	> /Y II	1 .		<i>)</i> -	011 1	JV V L			-
7		G.	T-	Rol	600	0	-	e					ļ
10	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSE	QUENCE C	75	1	0 0	100	1 10			1	
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Hoh	mue	0	DM	all	C	eu	Ch	-	~	5	
RTIFICATION	that initiated events requiting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE C	NF):							-	i
CEF		d											1
	PART II. Other aignificant condition	s contributing to	death but not	resulting	in the u	nderlyln	g cause	given in	Part i.	24a, WAS AN PERFOI		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL										1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
													1 YES 2 NO
PHYSICIAN:													
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	- 20.000000		OTHE	R:		erre	heck only one				
HYS	27. MANNER OF DEATH	28a. DATE Of	ER/Outpatient 3	_		raing Horr		asidenca	8 Other	(Specify)	NJURY O	CCURED	
	1 Netural 5 Pending (Month, Day, Year) INJURY M					WC	PRK? YES 2	NO					
) BY	2 Accident Investigation 3 Suicide 8 Could not be		OF INJURY — At he	ome, farm,	street, fac	tory, offic						er or Rural	Route Number,
TED	4 Homicide determined	Junging	etc. (Specify)						Слу о	Town, State	,		
щ	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best o	my knowledge, d	eath occur	red at the	time, deta	and place	e, and du	a to the caus	e(a) and me	nner as st	ated.	
4	ope)		unmination audio-		land to many	- dates -	lanth agai						
OMPL	2 MEDICAL EXAMINE	H: On the basis of a	Examination and/or	Investigat	ion, in my	opinion, c	Perili OCCU	ired at the	e time, data :	end place, a	nd due to	the cause(s) and menner as stated.
E COMPLET	29b. SIGNATURE AND TITLE OF CERTIFIE)	Examination and/or	Investigat	ion, in my	opinion, c		ENSE NU		ind place, a			s) and menner as stated.
	2 MEDICAL EXAMINE	fer			Mi) nomique	29c. LIC		IMBER	and place, a			

Hospital Medical Building Cumberland, MD.

DHMH-18 Rev 1/89

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	FOR '	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	IYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MI			ICATE OF			MENIAL HYGIEN REG. NO.	E			
2	1. DECEDENT'S NAME (First, Middle, Last)	AYLAND R,	SADDLER					2. DATE OF DEATH	11,1	9 9T 3	1:30AM	
)	4. SOCIAL SECURITY NUMBER 413 26 3134	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	April 27,	1921	a. BIRTHPL	ACE (State or Foreign	
OR	9e. FACILITY NAME (If not institution, give St Agnes Hospita	THE PARTY OF			96. CITY, TOWN Balti				9c. COUP	ITY OF DEA	ТН	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT TO STATE 10b. COUNT TO STATE	ward	G I	10c. CIT	ry, town or loca		17			10	Od. INSIDE CITY LIMITS? VES 2 NO	
	10e. STREET AND NUMBER				of. ZIP CODE 210			10g. CITI	ZEN OF WH	AT COUNTRY?		
BY FUNERAL	734 Hollow Road 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S FORCES? 1 TYES 2 IF YES GIVE MAD OR DATES			If yes, s	CENDENT OF	F NISPAN	IISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Black, White, etc.				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			ne kind of Do NOT u	B USUAL OCCUPAT work done during in ise retired.)	ION ost of working	9	186. KIND OF BUS			Mill	
BE CON	17. FATNER'S NAME (First, Middle, Last)		Saddler					ME (First, Middle, Maiden Goins	Surname)			
TO B	195. INFORMANT'S NAME (Type/Print) Deloris Kohlhe	pp	19b.	190	2 Westch	and Number ESTET	or Aural S	Catonsv	liTe*	21228	3	
	20a. METNOD OF DISPOSITION 1.5 Burlel 2 Cremetton 3 Rer 4 Donation 5 Other (Specify)	moval from State	om State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Crestlawn Cemetery							City or Town		
	21. SIGNATURE OF FUNERAL SERVICE L		he		22. NAME / Harr	ND ADDRES		Funeral				
	23. PART I. Enter the disease or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. At Min	or As A conseq	· G	mdrovas				iratory sri	rest,	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the undarrying cause given in Part I. HYGOT 90 S TO 1 YES 2 NO 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO									MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	1		6 Cher (Specify)				
	27. MANNER OF DEATN 1 Natural 5 Pending investigation	26s. DATE OF I (Month, Da	1 Inputtent 2 ER/Outpettent 3 DOA 4 Nursing Name 5 M Residence 6 Other (Specify) 269. DATE OF INJURY (Month, Day, Year) 260. TIME OF INJURY AT WORK? M 1 YES 2 NO									
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	INJURY — At horate. (Specify)	ne, term,	street, factory, off	ca		281. LOCATION (Street City or Town, State)	OCATION (Street and Number or Rural Route Number, 2tly or Town, State)				
COMPLETED	one)							to the cause(a) and ma			and manner so stated.	
BE	296, SIGNATURE AND TITLE OF CERTIFI	idlander,	W.0			29c. LICE		18673	29d. DAT	E SIGNED (Menth, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUS		27) (7)/2	9. Print)	fail			. Bat	lwas	, Md 21202	
	FEB 1 2 '91	32. REGISTRAL	R'S SIGNATURE avidson—Ra	_		•						

West Till many THE TELL THE THE Indiana Remote 10 unia presili -----The additionant, syntaments of the and the later of t

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\infty\$ inclusive death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training permit. Pages 1, 2, 3 be filled within 72 bours after death with 18 table begs. Of Health and Merital hygiene prior to burial, cremation, or removal. **INDICATALL** Heart 28 is marked in State 253. Shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME	NT OF HEALTH	AND MENTA	AL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest, EDNA	E SCHN	ETDER		2. DAT	E OF DEATH DAY 020191	YEAR	TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 212 26 6708	1 🗆 M 2 🗡 F 7	9 YRS. MONTH		Min. (Mon	ch 7,1911	Country) Mai	ACE (State or Foreign		
9a. FACILITY NAME (If not institution, give St Agnes Hospit RESIDENCE OF DECEDENT		9b. (Baltimore		9c. CO	OUNTY OF DEAT	лн		
10a. STATE 10b. COUN	oward		on or location				Od. INSIDE CITY LIMITS? YES 2 NO		
9222 Frederick F	load		101. ZIP CODE 21	.043	10g. C	U.S.A			
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF If yes, specify Cuben 1 YES 2 NO		ilN? (Specify Yas or No o Rican, atc.)		- Amarican Indian, White, etc. White		
15. DECEDENT'S ED (Specify only highest grad Elamentary/Secondary (0-12)		16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin HOUSEN	one during most of working ed.)		Bb. KIND OF BUSINESS/I	NDUSTRY			
17. FATHER'S NAME (First, Middle, Last) Charles W Schat	ıb			er's NAME (First	, Middle, Malden Surname ebhardt)			
190. INFORMANT'S NAME (Type/Print) Edgar L Schi	neider	19b. MAILING ADDI 9222 F1	ress (Street and Number cederick Ro	or Rural Route Nu	mber, City or Town, State, icott City	^{Zip Code)} 21043			
20a. METHOD OF DISPOSITION 1	moval from Stata	PLACE OF DISPOSITION other place) Loudon	(Name of cemetery, crem		20c. LOCATION y Balti		aryland		
21. SIGNATURE OF FUNERAL SERVICE				Ltzke :	Funeral Ho mbia Pikee				
immediate cause (Final disease or condition resulting in death) Sequentielly list conditions,	· Con	n'cula: consequence of: diog eur		cke.			Interval Betwee		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	or	HER:	EATN (Check only					
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? M 1 YES 2	28d. 0	DESCRIBE NOW INJURY	OCCURED			
2 Accident investigation 3 Suicide 6 Could not 8 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street	, factory, office		OCATION (Street and Nun ity or Town, State)	nber or Rural Ro	ute Number,		
[Crieck only	YSICIAN: To the best of my know						and menner as stated		
290 SUDVETURE AND TITLE OF CERTIF	real Rosident.		29c. LICI	ENSE NUMBER	29d. 1	DATE SIGNED (Month, Day, Year)		
30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	Caton &	SU. E	Balto M.	D 21	229.		
FEB 0 5 91	31. MEGISTPAR'S SIGN	-Aandell							

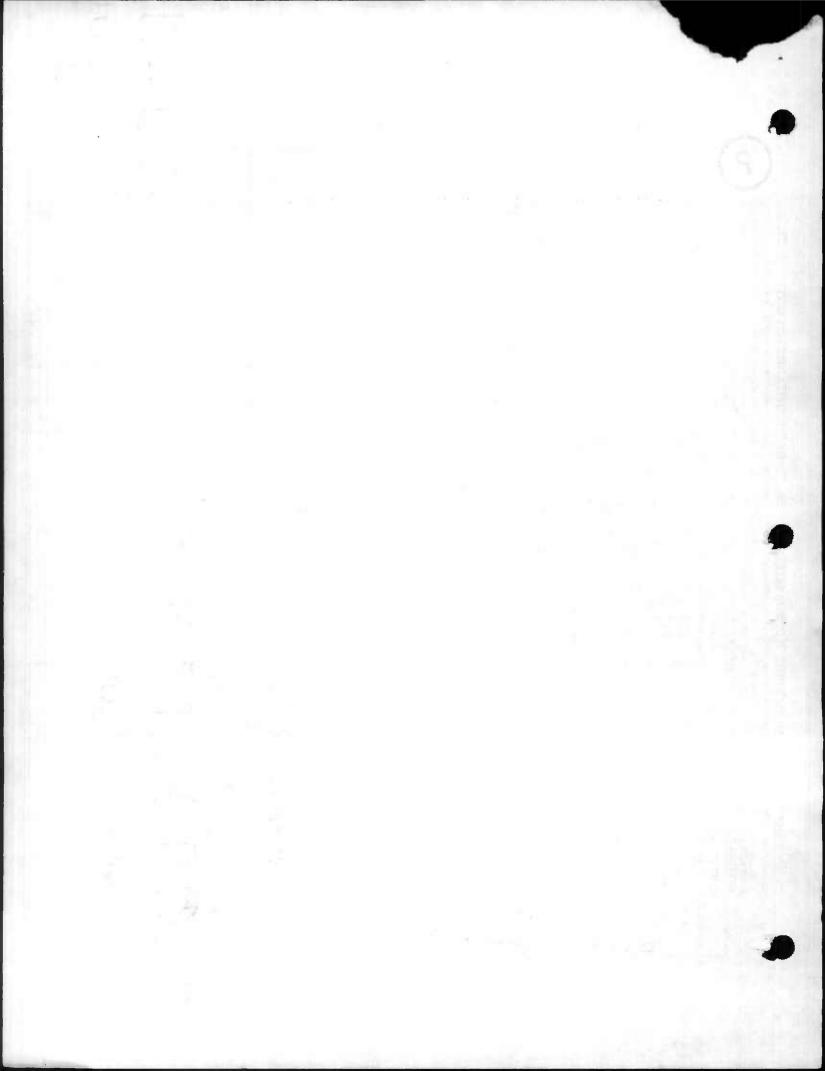
J. C. Pour security The Excellent markets and could be and tel and frame | planty y want Vermial Ocely Control Con Shorn
CAB. MI. + Ven CAD.

31. DATE FILED (Morith, Day, Year) FEB 19 91

32. BEGISTRABUS SIGNATURE Pandage

he law requires that the death certificate be execut that been signed by the attending physician and c to Dept, of Health and Mental Hygiene prior to burit m 23 shows any injury, or other traumatic	G PHYSIGIAN: The law requires that the death certificate be executed within Zernours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been slowed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 of heart with the State Deat of Health and Mental Hydiene prior to burial, cremation, or removal.	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE	STATE OF MA	ARYLAND / D	EPAF	TMENT	OF HE	ALTH	AND I	MENTAL HYGI	ENE) (05353			
	REGISTRAR 1. OECEOENT'S NAME (First, Middle, Last)		ÇER		ICATE	OF I	DEAI	Н	REG.			3. TIME OF DEATH			
	Ronald	Duane			Selby	, Sr			02	1.3°	YEAR 91	1.00 A M			
	4. SOCIAL SECURITY NUMBER	6. SEX					7. OATE OF BIRTH (Month, Day, Yea	TE OF BIRTH 8. BIRTHPLACE (State or Foreign							
	212-62-4677	1 🔀 M 2 🗆 F	38	YRS.	MONTHS	DAYS	HOURS	MIN.	1/9/53			yland			
~	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY,	TOWN OF	LOCATIO	ON OF DE	EATH	9c. CO	UNTY OF DE				
FUNERAL DIRECTOR	Carrol County General Hospital Westminster Carrol										oll				
မ္ဘ	10e. STATE 10b. COUNT			Oc. CIT	Y, TOWN OF	LOCATIO	ON				10d. INSIDE CITY				
ă	Maryland Car	roll		Un	ion B	ridg	ge					1 X YES 2 NO			
₹	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. C	ITIZEN OF W	HAT COUNTRY?			
更	420 Quaker I	7						791			U.S.A				
BY FU	11. MARITAL STATUS 1	I IF YES GIVE WAR OR DAT			14	yes, spec		n, Mexica	NIC ORIGIN? (Specify on, Puerto Rican, atc. y:		14. RACE Black, Specifi				
	15. DECEDENT'S EOU		16a. DECEI	DENT'S	USUAL OC	CUPATION	1		16b. KIND OF	BUSINESS/II	NDUSTRY	White			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	(Give :	kind of NOT u	work done do se retired.)	ring most		g								
5	17. FATHER'S NAME (First, Middle, Lest)		III.L.	TTW	TIRIIC	Т	16. MOTH	IER'S NA	ME (First, Middle, Ma	Ment (iden Surname)					
BEC	Harold R. Selby Jane A. Gray														
9 P	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip C									Zip Code)					
-	Roxanne Selby		420	O Q	uaker	uaker Hill Rd. Union Brid									
	20e. METHOO OF DISPOSITION 1 A Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	noval from State	of cometary, cre Mounta:		View	Ceme	eter	У	2/16 Un	ion B	OCATION - City or Town, State on Bridge, MD				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE A	bles		22. N	AME AND	AOORES	S OF FA	e, MD	Hartz:	ler &	Sons			
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Upper To (é on esch line.							espiratory s	errest,	Approximate interval Between Onset and Daati			
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	c	OR AS A CONSEQUE												
MEDICAL C	PERFORMED? 1 VYES 2 NO OF									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO					
Z	25. WAS CASE REFERRED TO MEDICAL			_	_	26 Dt /	CE OF D	EATH ICH	neck only one)						
2	EXAMINER?	HOSPITAL:	EB/Outpetlant 2 17	DOA	OTHER	:			6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF 6 (Month, De	NJURY 2	8b. TIR		28c. INJU WOF	RY AT		26d. DESCRIBE H		CCURED				
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF building, a	INJURY — At home tc. (Specify)	, farm,	street, facto				281. LOCATION (St City or Town, S	reet and Numi State)	ber or Rural R	oute Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of a										and manner as stated.			
띪	296. SHOMATURE AND TITLE OF CERTIFIE	Knill					29c. LICI	ENSE NUI	MBER	29d. D		(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WI	A . ICO	E OF DEATH (ITEM 2	T) (Typ	e, Print)	UT	HE	. 11	IPENU	S9 19	o AUT	כמי שוכת			



TO THE HOSPITAL OR ATTAINING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL UNFECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transportant. The fourstaffer death with the State begit, of health and Mental Hyghens prior to burial, committion, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

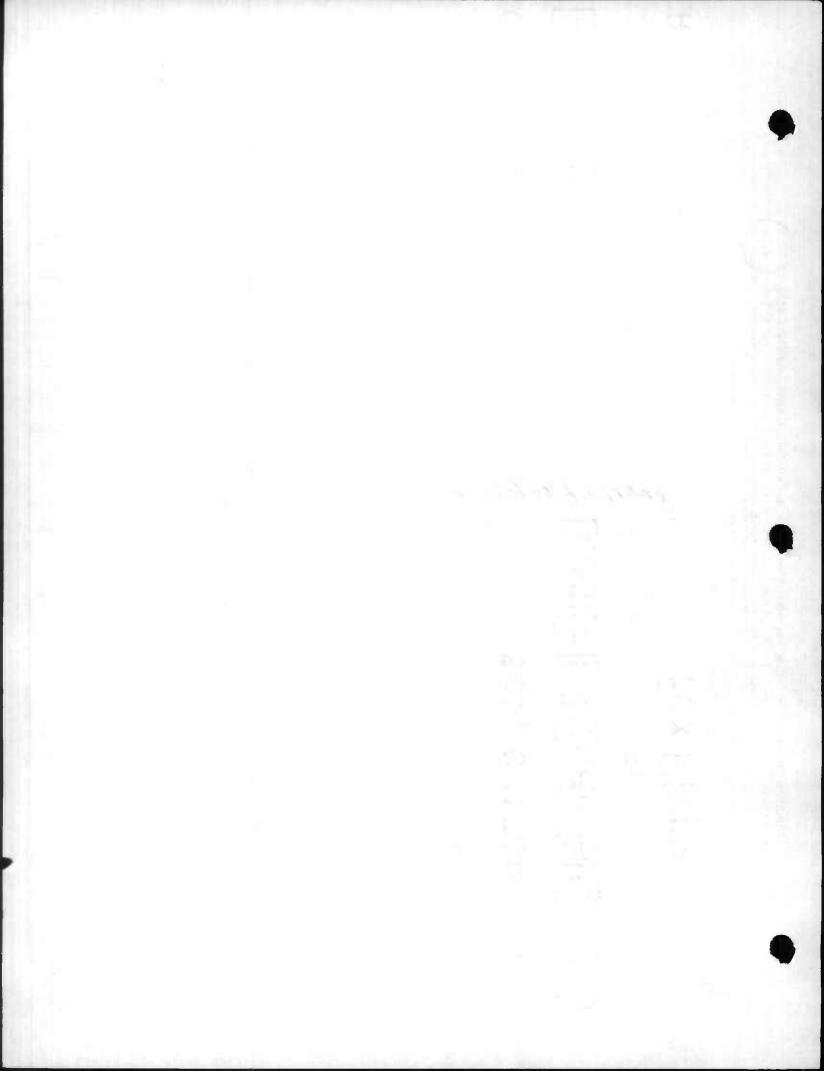
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR 1. DECEDENT'S NAME (First, Middle, La	nst) v	CERTIF			2. DATE	REG. NO.		1	3. TIME OF DEATH
	liam	PATRICK P.	Turne		MONTH		Y YE	EAR	19:28AM
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)		IF UNDER 24 HRS.	7. DATE O	OF BIRTH	8.1	BIRTH	PLACE (State or Foreign
214-30-9034	1 🕅 M 2 🗆 F	58 YRS.	MONTHS DAYS	HOURS MIN.	(Month	Day, Year)	1	Countr	RYLAND
Par FACILITY NAME (If not institution, g		Sbury	EATH		9c. COUNTY		County		
Peninsula Gener	Dair	SDUL Y			MTCOIII	TCC	county		
10a. STATE 10b. COI			TY, TOWN OR LOCAT						10d. INSIDE CITY LIMITS?
	VICOMICO		FRUITLAN						1 X YES 2 NO
4.07 CARRIED TOUR	ATTENTIE		101	f. ZIP CODE	26				WHAT COUNTRY?
407 CARTWRIGHT	12. WAS DECEDENT EV		13. WAS DEC	218 CENDENT OF HISPA		? (Specify Yea		USA	- American Indian.
Never Married 2 XXMarried Wildowed 4 Divorced	FORCES? 1 X IF YES, GIVE WAR AIR FORCE	OR DATES	If yes, sp	ecify Cuban, Mexico 2 NO Specif	en, Puarto R			Speci	, White, atc.
15. DECEDENT'S (Specify only highest g	EDUCATION grade completed)	(Give kind of	S USUAL OCCUPATION f work done during mo	ON ost of working	16b.	KIND OF BUS	BINESS/INDUST	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT							
12 YEARS 17. FATHER'S NAME (First, Middle, Last,	2 YEARS	N	ONE	18. MOTHER'S NA	ME (First 1		NONE		
MELVIN	(unk)	TURNER		AGNES		unk)	Sumame) SHE	RRY	7
19a. INFORMANT'S NAME (Type/Print)	(unk/		IG ADDRESS (Street a						
CAROL T. TURNER	R-WIFE		CARTWRIG						26
20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ 1		20b. PLACE AND DA	TE OF DISPOSITION		DATE		CATION — City		
1 💢 Burial 2 🗆 Cremation 3 🗀 1 4 🗆 Donation 5 🗆 Other (Specify)	Rémoval' from State	of cemetary, cremato. WICOMICO	y or other place) MEMORIA	L PARK	2/1	14/9 S A	LISBUR	Υ,	MD
21. SIGNATURE OF FUNDAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MD 21801									
23. PART i. Enter the diseases, shock, or heart faile iMMEDIATE CAUSE (Final disease or condition	ure. List only one cause	on each line.	501 SI	NOW HILL	RD,	SALISI	BURY, 1		2 180 1 Approximate interval Between Onset and Das
shock, or heart fails iMMEDIATE CAUSE (Final	Head inj	on eech line.	501 SI	NOW HILL	RD,	SALISI	BURY, 1		Approximata interval Between
shock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	s. Head inj	ury	50 1 SI	NOW HILL	RD,	SALISI	BURY, 1		Approximata interval Between
shock, or heart failed iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	B. Head inj DUE TO (OR	ULY R AS A CONSEQUENCE	50 1 SI not enter the mo	NOW HILL	RD,	SALISI	BURY, 1		Approximata interval Between
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DHMH-18 Rev 1/89



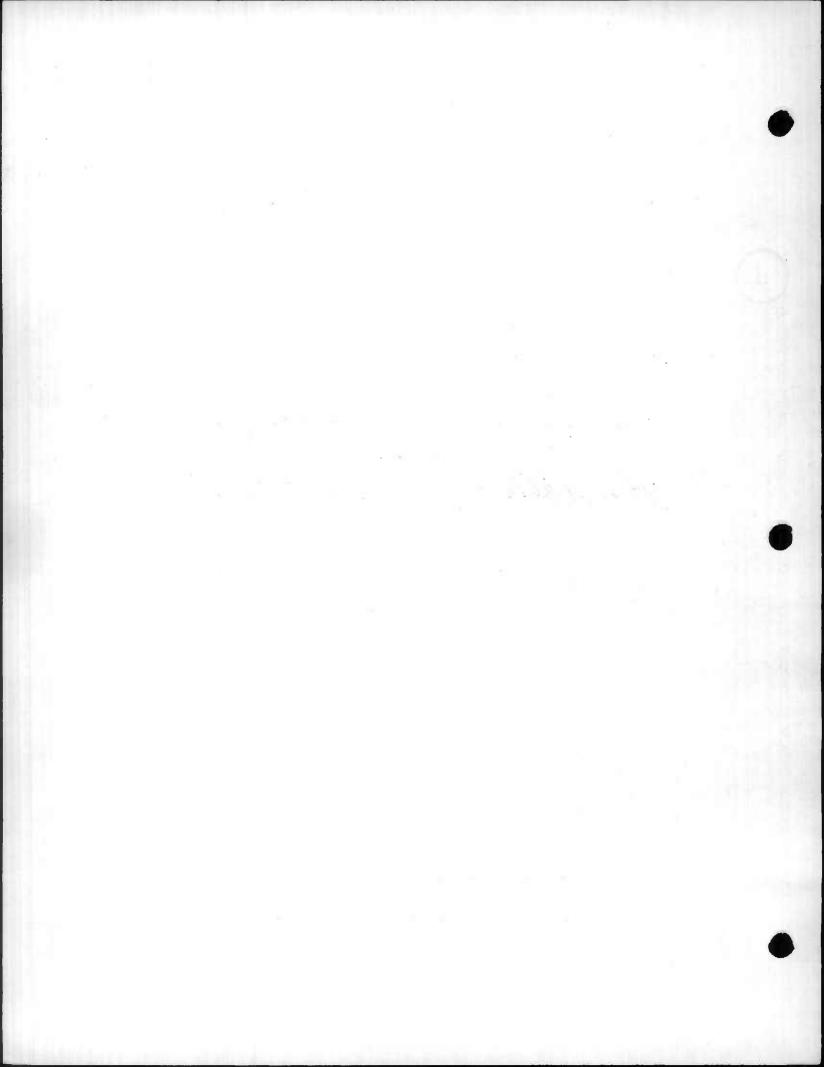
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last	()				2. DATE OF DEATH	2/9/91	3. TIME OF DEATH
Dorothy	M. Taylor					10	11.50 p
4. SOCIAL SECURITY NUMBER 213-42-0267			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY 21, 1	0.1	BIRTHPLACE (State or Foreign Country) MARYLAND
9e. FACILITY NAME (If not institution, give Wicomico Nurs		9		Salisbu	ATH	9c. COUNTY	
10a. STATE 10b. COUN			TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER RT 1, BOX 496 11. MARITAL STATUS 1 Never Married 2 Married				21822		US	
3 X Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, spe		IIC ORIGIN? (Specify Ye n, Puerto Rican, etc.)	a or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S ED (Specify only highest graund only highest graund only (9-12) 1 YEARS 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+) 4 YEARS	life. Do NOT use i	rk done during mos		16b. KIND OF BU		
	(unk)	MEDFORD		18. MOTHER'S NA	ME (First, Middle, Maiden (unk)		DFORD
COURSEY 19a. INFORMANT'S NAME (Type/Print) DODOTHY M. CIMMC	(diffe)	19b. MAILING A		nd Number or Rural	Route Number, City or Tov		ia)
DOROTHY M. SIMMS 20a. METHOD OF DISPOSITION 2/		RT 1.		6, EDEN,		OCATION — City	
X☐ Burlel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	amoval from State	PARSONS CEI	METERY		SA	ALISBUR	
EL SIGNATURE OF FUNERAL SERVICE	Tollows	ef	HOLLO		RAL HOME, I		MD 21801
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR Arteri	CEREBRAL V. AS A CONSEQUENCE OF): LOSCIE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	Cerebra ase			5e	Onset and Death
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ons contributing to deat	th but not resulting in	the underlying	g cause given in		AMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
1 TYES 2 NO	1 Inpatient 2 ER/	Outpatient 3 DOA 4	^		8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending investigation	28a. DATE OF INJU (Month, Day, Ye		RY WO	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
3 Suicide 8 Could not b	28e. PLACE OF INJ building, etc. (URY — At home, farm, str Specify)	eet, factory, office		281, LOCATION (Street City or Town, State		Rural Route Number,
Ame)	YSICIAN: To the best of my k						ause(a) and menner as stated.
296. BIGHLY URE AND TITLE OF CERTIF	TER			29c, LICENSE NUI	MBER	29d. DATE S	GNED (Month, Day, Year)
1200		7		DO20	026	D 02	2/11/91
F.G. Arthes 31. Date Filed (Month, Day, Year)		A Ocean Pi		rlin, M	21811		
FFB 1 2 '91		idam Randoll					

BALTIMORE, MARYLAND 21203-31 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an about safer death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR AT	TO THE FUNERAL DIRECT	be filed within 72 hours a	IMPORTANT: If Item 2

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATI		MENTAL HYGIEN REG. NO.	E	00000
1. DECEDENT'S NAME (First, Middle, Last)	Polsh/	TUR	ver	2. DATE OF DEATH DATE	3 9	3. TIME OF DEATH
721-183824	1 D M 2 G+ 7	YRS. FUNDER WONTHS	DAYS HOURS MIN.	7. DATE OF BIRTYN (Mogth, Day, Year) 9-1-19	20 N	BIRTHPLACE (State or Foreign Country) . Hampshire
9a. FACILITY NAME (If not institution, give stre Anne Arundel 1			Annapoli		Anne	Arundel
Md a 10b. COUNTY	e Arundel	10c. CITY, TOWN	on LOCATION Innapolis			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 1110 Mad:	ison Street	=	101. ZIP CODE 2140	3		SA
10e. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIYE WAR OR DAT	2000	WAS DECENDENT OF NISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puarto Rican, atc.)	or No.— 14.	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		18e. DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.) Homen	during most of working	186. KIND OF BU	ome	TRY
17. FATHER'S NAME (First, Middle, Lest) Thomas France, MEGRILLAND, NAME (To. The)	ncis Meaghe	er		AME (First, Middle, Meiden ette Edit		sh
190. INFORMANT'S NAME (Type/Print) Nancy Bound			S (Street and Number or Rural) ecca Ave.			
20a. METHOD OF DISPOSITION 1	val from Stala	22	n Cremato	ry2-14 Al	exand	or Town, State ria, Va. napolis, Md.
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)		ch lina.	r the mode of dying, su Med. Arseuse		fratory arrest	Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C		diseuse.			
PART II. Other algorificant conditions Code powers Colart Justice		t not resulting in the u	inderlying cause given in	Pert I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	tlant 3 DOA 4 No	26. PLACE OF DEATH (C			
	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d, DESCRIBE HOW	INJURY OCCUR	RED
ACCIONIN	28a. PLACE OF INJURY - building, etc. (Specif	Al home, farm, street, fa	ctory, offica	281. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,
CONTON GRAY	IAN: To the best of my knowle					ause(s) and manner as stated.
296 SIGNATURE AND TITLE OF CRITIFIER	e mo		29c LICENSE NI			IGNED (Month, Day, Mar)

EB 1 1831 April 200 March

1	-	FOR STATE REGISTR	AR
г		ECEDENT'S	818

A 67 11 1 1 1 1 1	, Middle, Last)	TANCTAN	7	-hana	PSON	JR.	2. DATE OF DEATH MONTH		DAY VEA		3. TIME OF OEATH	
PHILLIP 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 6. SOCIAL SE	-	JAMIN 5. sex					02	09			12:00 A	
216-38-1053	PEH	1 1 2 F	6. AGE (In yrs.	19 YRS.	IF UNDER 1 YEAR		7. DATE OF B (Month, De) NOV.	Mone)	14	8. BIHTH Countr		
9a. FACILITY NAME (If not in	astitution, give	200	4	+7	9b. CITY. TOWN	OR LOCATION OF D		24-		INTY OF O	MD EATH	
SETON HILL NURSIND HOME BALTIMORE												
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY			
MD. FREDERICK				FRE	DERICK						YES 2 NO	
104. STREET AND NUMBER						IOI. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?	
430 WEST PA	TRICK					21701					S.A.	
	MARITAL STATUS ☐ Never Married ☐ Wildowed 4 ☐ Divorced 12. WAS OECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAI			ARMEP.	If yes,	ECENDENT OF HISPA specify Cuban, Maxic ES 2 XXVO Speci	an, Puarto Rican		or No	14. RACE Black Speci	E — American Indian, c, White, etc. fly:	
	EDENT'S EDI		18a.	DECEDENT'S	USUAL OCCUPA	TION	16b. KIN	D OF BUS	INESS/IN	DUSTRY	DLIK	
	(Specify only highest grade completed) nentary/Secondary (0-12) College (1-4 or 6+		1	life. Do NOT u	work done during i se retired.)	during most of working						
12		?	J	LABORE	R			**	****	***		
17. FATHER'S NAME (First, M						18. MOTHER'S N			,			
PHILIP BE		SR.						ONLE	-			
JUDY ALLEN				cand Number or Rural GTON STRE					21701			
29ar METHOD OF DISPOSIT	CE OF DISPO	StTION (Name of	cemetery, crematory or CH CEMETE	D 7 7			- City or To	wn, Stata MD 2170				
4 Donatton 5 Other		OFAIGHT	FBE	LHINEE'S.				0.511.	LIBICA	111111		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE CHARLES E. HICKS 111/2 HICKS FUNERAL HOME 1933 FOREST DR. ANNA. M. 23. PART I. Enter the diseases, or complications that gaused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
disease Dr condition resulting in death) Sequentielly list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	diate ING ury	b. DUE TO	(OR AS A CON	SEOUENCE C	F):						6 mor	
PART II. Other algnifica	Ka	one contributing to	acon	na	In the underly	ing cause given in		PERFOR	MED?	246	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
	O MEDICAL					PLACE OF DEATH (C	heck only one)					
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpetien	t 3 🗆 DOA	OTHER:	PLACE OF DEATH (C		ecify)				
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	Pending	1 Inpatient 2 I	INJURY	26b. TH	OTHER: 4 Marsing H AE OF 28c.				NJURY O	CCURED		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	_	1 Inpatient 2 I	INJURY lay, Year)	26b. TII	OTHER: 4 Marsing H AE OF 28c.	ome 5 Residence INJURY AT WORK? YES 2 NO	6 Other (Sp 28d, DESCRIE 26f, LOCATIO	BE HOW IP			Route Number,	
EXAMINER? 1 YES 2 NO 27. MANNER DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only)	Pending Investigation Could not be determined	28a. DATE OF (Month, L) 28a. PLACE C bullding.	INJURY PF INJURY — A etc. (Specify) my knowledge	28b. Till IN at home, ferm,	OTHER: 4 M Marsing H AE OF 28c. JURY M 1 [street, factory, or	ome 5 Residence NJURY AT WORK? YES 2 NO Mica	6 Other (Sp 28d. DESCRIII 28f. LOCATIO City or To	N (Street a wn, State)	and Numb	er or Rurel .		
EXAMINER? 1 YES 2 NO 27. MANNER DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only one) 2 MEE	Pending Investigation Could not be determined	1	INJURY PF INJURY — A etc. (Specify) my knowledge	28b. Till IN at home, ferm,	OTHER: 4 M Marsing H AE OF 28c. JURY M 1 [street, factory, or	NJURY AT WORK? YES 2 NO NICE Attended to the control of the con	6 Other (Sp 28d. DESCRII 28f. LOCATIO City or To to the cause(e)	N (Street a wn, State)	ner as st	er or Rural	Route Number, a) and menner as stated (Month, Day, Year)	



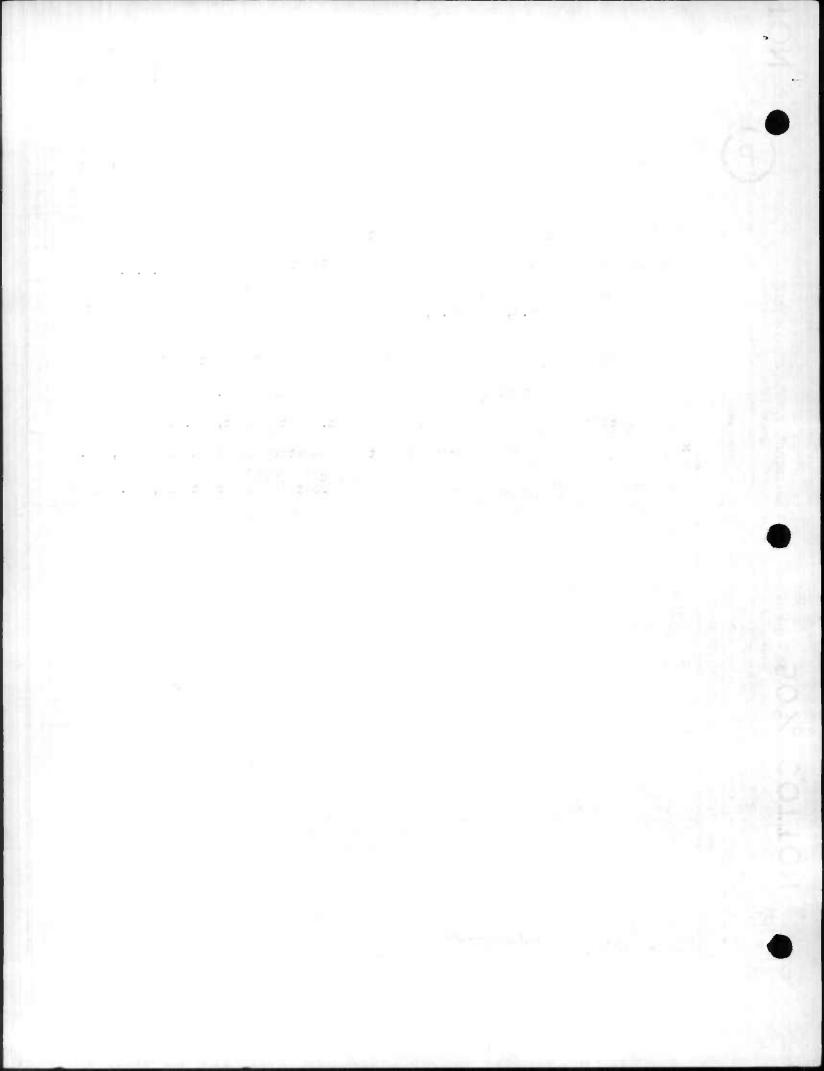
71-31-1 3 xx 2 xx 1-35-1 3

1721

- January and Mills

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	funeral director, page 5 should be detached for use as the burial-transit per
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.

PDANU I DOI TO MAN	T OD					MONT		DAY	YEAR	3. TIME OF DEATH
FRANK LESLIE TAY							RUARY	4,	1991	7:25
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest birtho	MONTHS		HOURS MIN.	7. DATE (Monti	OF BIRTH h, Day, Year)	2000	Count	HPLACE (State or Foreig
293 03 2749	1 🗙 M 2 🗆 F	7/ YR	S.			140	RIL 6	1419	/7	ARYLAND
9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY,	TOWN OF	R LOCATION OF DE	EATH		9c. CO	UNTY OF E	DEATH
SACRED HEART HOS	PITAL		CUM	BERI	AND, MA	RYLA	ND	1	LLEG	ANY
10a, STATE land 10b, COUNT	TY .	10c.	CITY, TOWN O	R LOCATIO	ON			_		10d. INSIDE CITY
Alleg	gany		Frostb	urg						LIMITB?
10e. STREET AND NUMBER				101.	ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?
100 Honeysuckle	e Lane				21532			U	.S.A.	
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARMED			ENDENT OF HISPAN				14. RAC	E — American Indian,
1 Never Married 2 Married	IF YES, GIVE Y	YES 2 NO	1 1		cify Cuban, Mexica 2 NO Specif		Rican, etc.)			ck, White, atc.
3 Widowed 4 Divorced	Nov.3,41	/Dec.6,45			X					White
15. DECEDENT'S EDU (Specify only highest grad	UCATION le completed)	16a, DECEDEI (Give kin	NT'S USUAL OC	CUPATION furing most	N It of working	186	. KIND DF BI	JSINESS/II	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	d of work done d OT use retired.)							
12 yrs	0	Mech	anic					mobi		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					
Frank	Taylo						L. I		_	
19a. INFORMANT'S NAME (Type/Print)		1			nd Number or Rural					
John Pattison					. Wester	-				
20a. METHOD OF DISPOSITION © Burial 2 Cremetton 3 Ran	noval from State	20b, PLACE AND					E 20c. L			
4 Donation 8 Other (Specify)		Rocky Ga						umbe	rland	d, Md.
21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	/	22.	DUTS	T Funera	CILITY HO	ome			
> Then to	Helen	11		97 F	rost Ave	enue	Frost	burg	, Md	. 21532
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO	OR AS A CONSEQUENCE	Wed	m					errest,	Approximate interval Bate Onset and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	b. Can DUE TO d.	O (OR AS A CONSEQUENCE)	DE OF):	yus	-					Interval Baty Onset and D 9 Asy 3 year
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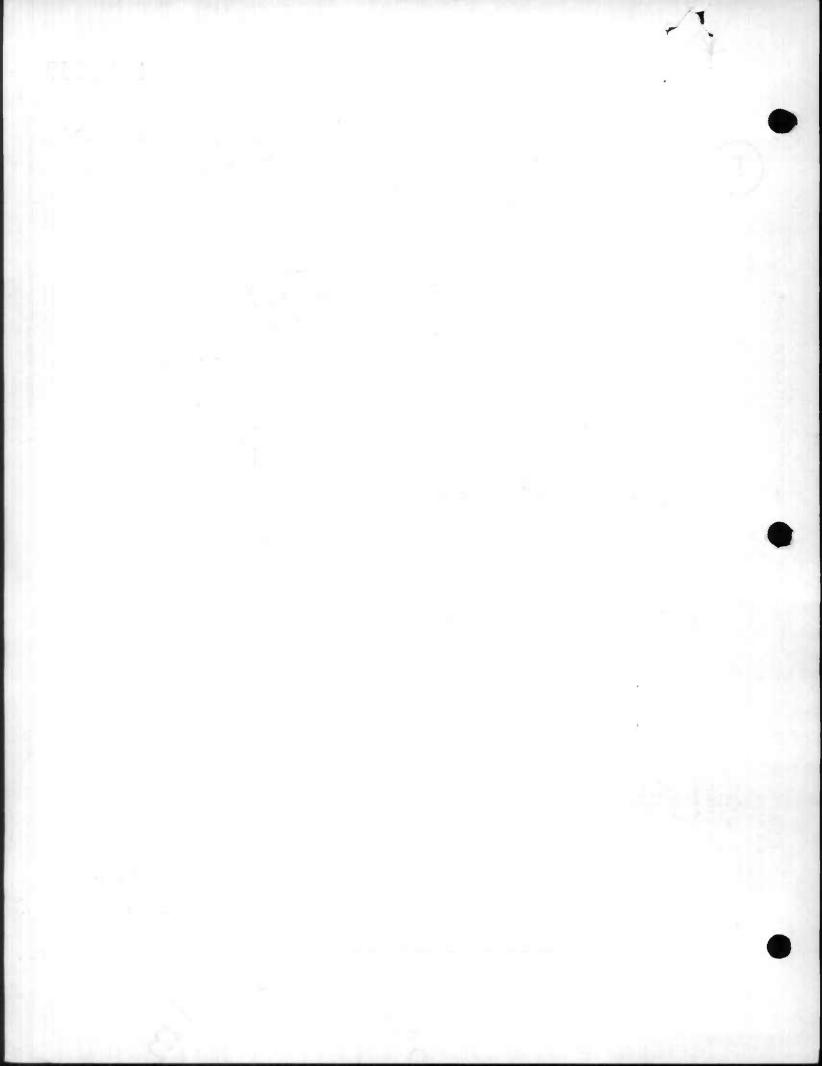


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_	1	FOR STATE REGISTRAR	STATE OF MA					DEATH	MENTA		GIENE G. NO.				
	1	1. DECEDENT'S NAME (First, Middle, Last) ED01	T. TI	INVC	0				2. DATE	OF DE	DAY	ď	EAR 3.	7-2)D	
		4. SOCIAL SECURITY NUMBER		. AGE (In yrs. Is		IF UNDER 1	_	IF UNDER 24 HRS. HOURS MIN.		OF BIF	Year)	- J.	BIRTNPLA Country)	CE (State or Foreign	
3P)	215 18 0275 9a. FACILITY NAME (If not inetitution, give at	1 M 2 F	61	YRS.			LOCATION OF	DEATN	-0		3 1	laryl OF DEATH		
~	B	Greaterlan	rel Bel	tovil	le 1	100	0,7	pal.	La		10	P	ince	George	
. Pages 1, 2	DIRECTO	nesidence of decedent 109. STATE Maryland Howa	rd			Laure		ON						LIMITS? YES 2 NO	
nsit permit	FUNERAL	100. STREET AND NUMBER 9218 Grant Avenue					101.	20723	15		- 1	og. CITIZEI USA		COUNTRY?	
use as the burial-transit permit. Pages	BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI 1943-194	Y YES 2		16	yes, spe	NDENT OF HISP city Cuban, Mex 2 X NO Spe	ican, Puarlo		city Yea or	_	Black, WI	American Indian, ilta, atc. hite	
nd for use as	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)		Si	ECEDENT'S Give kind of us to Do NOT us laste	work done di se retired.)	CUPATION uring mos	t of working	16			ess/indus			
be detache	E COMPL	17. FATNER'S NAME (First, Mioure, Last) John Tucker						18. MOTNER'S De11	NAME (First,	Middle,	Maiden Su			tt	
e 5 should notified	TO BI	19a. INFORMANT'S NAME (Type/Print) Lucille E. Tucker							Number or Rural Route Number, City or Town, State, Zip Code) Nue, Laurel, Maryland 20723						
must be		20a. METNOD OF DISPOSITION 1	oval from State	other j	of Disposon			etery, cremetory (or			tion — cir svill			
e funeral di II. examiner		21, SIGNATURE OF FUNERAL SERVICE LIC	Danae	dea	N			d address of Ison Fu		2. Нα	me.	Laur	S. M	aryland	
completely filled in by the funeral director, page 5 should be detached for rial, cremation, or removal. c event, the medical examiner must be notified at once.		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	Liat only one cause	e on each lir	ie.	not entar	tha mod		uch ss ca	rdiac (r respira	tory arres	t,	Approximate Interval Batween	
and completely burial, crema		resulting in death)	DUE TO (C	OR AS A CONS	EQUENCE O	F):		d				-			
	CATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (C	OR AS A CONS	EOUENCE O	F):									
attending physician mal Hygiene phor to the traun	ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONS	EQUENCE O	F):									
en signed by the of Health and Me hows any inju	MEDICAL C	PART II. Other eignificant condition	na contributing to d	eath but not	resulting	in the un	darlylng	cause given	In Part I.		WAS AN AI PERFORM YES 2 [ED?	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATN? YES 2 NO	
De De	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATN	(Check only	one)					
the the	HYSI	1 YES 2 NO	1 Inpatient 2 I		3 DOA	4 🗆 Nurs		5 Residen				URY OCCU	RED		
After this c death with s marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	(Year)	IN	JURY	1 Y	RK? 'ES 2 NO							
after d	ETED I	3 Suicide 8 Could not be 4 Nomicide determined	26a. PLACE OF building, e	INJURY — At tc. (Specify)	homa, farm,	street, facto	ory, office				(Street an m, State)	d Number o	Rural Rout	e Number,	
46 =	OMPL	Common carrier	ICIAN: To the best of n											nd manner as stated.	
TO THE FUNER be filed within IMPORTANT:	BE C	29b. SIGNATURE AND THE OF CHIRTIPE	June 1					29c AICENSE	103T			•	S 6	onth, Day, Year)	
+	TO	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	of DEATH (T	FEM 27) (32)	Print)	EC	FORLI	3 ST	- 1	AUA	EL .	MY	3	

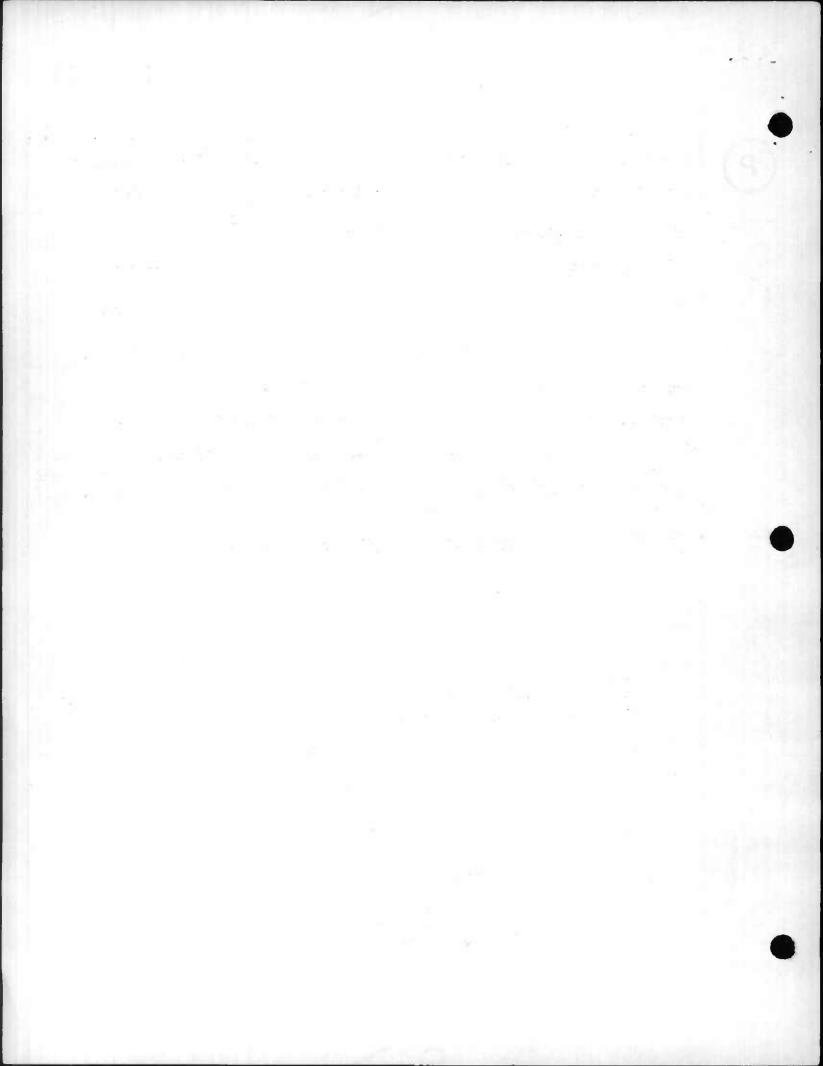
32 REGISTRAR'S SIGNATURE
Francis Varidson-Randelle

DHMH-18 Rev 1/89



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	DING	After	death
	TEN	OR:	fter
	AAT	RECT	ITS 3
	107	0	70
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	in 72
	P	FE	with
	出	물	filed
	2	2	2

- 1	1. DECEDENT'S NAME (First, M								DATE O	F DEATH DA	y y	EAR	3. TIME OF DE	ATH
	EDNA MAY								02	- 11	-19	91	11:45	I
	4. SOCIAL SECURITY NUMBER 214-01-1761		5. SEX 1 M 2 XX		nty ves.	MONTHS DAYS	HOURS I	HRS. 7.	DATE O	BIRTH Day, Year) 16	5-1910°	Country)	ryland	Foreig
ECTOR	9a. FACILITY NAME (If not instit 303 Main Str	reet	treet and number)			Reist	or Location erstow		н		Bali			
DIRECT	Maryland	10b. COUNTY	imore			y, TOWN OR LOCA Leisters							10d. INSIDE CIT LIMITS? 1 X YES 2	
FUNERAL	100. STREET AND NUMBER 303 Main Str	eet		-		10	1. ZIP CODE 21136						HAT COUNTRY?	_
BY FUN	11. MARITAL STATUS 1 XXNaver Married 2 Mills Mi		12. WAS DECEDEN FORCES? 1 IF YES, OIVE V			If yes, so	CENDENT OF I				or No— 14	Black, Specify	— American Inc. White, etc.	Han,
COMPLETED	15. DECED (Specify only in Elementery/Secondary (0-12 — 12—	1	CATION completed) College (1-4 or 5 -		. DECEDENT'S (Give kind of a life. Do NOT us		ON ost of working				Mat	TRY		
E COM	17. FATHER'S NAME (First, Midd Arthur Holme								(First, Mi	ddle, Malden 1SSell	Surname)			
TO BI	19a. INFORMANT'S NAME (Type Martin J. Sm					ADDRESS (Street of							d 21136	,
	209. METHOD OF DISPOSITION XX Burlal 2 Cremation 4 Donation 5 Other (S		ovat from State	oth	ner place)	ge Cemet		ory or			cation — ch cesvil		m, Stata Maryla	ine
	21, BIONATURE OF FUNERAL S		Elin	ie			ne Fun			1182 Reis	24 Reisterst	ster	rstown , Md. 2	Re 1
	IMMEDIATE CAUSE (Final disease or condition		List only one ceu	use on each	Ilna.	not antar the mo	oda of dying	, auch a	a cardi	ac or respi	ratory arrea	t,	Approxis Interval Onset as	nat Bet
TIFICATION	Sequentially list condition if eny, lasding to immediaceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events	ona, lete	a. DUE TO	OR AS A CO	Ilna.	Bi- $< < < < < < < < < < < < < < < < > > > >$	oda of dying	, auch a	a cardi	ac or respi	ratory arrea	t,	Approxit Interval	nat Bet
L CERTIFI	Sequentially list condition if eny, leading to immedia couse. Enter UNDERLYIN CAUSE (Disease or Injury	pria, lete	a. DUE TO b. DUE TO c. DUE TO d.	OR AS A CO	Inna. INSEQUENCE OF	Bress	oda of dying	Care	ea cardi	2 or respi	AUTOPSY	24b.	Approxit Interval Onset a	mat Bet nd I
MEDICAL CERTIFI	Sequentially list condition resulting in death) Sequentially list condition if ony, leading to immediaceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant	ona, lete lig	B. DUE TO C. DUE TO d	OR AS A CO	Inna. INSEQUENCE OF	Bress	oda of dying	Care	rt I.	ec or respi	AUTOPSY IMED?	24b.	Approxit Interval Onset as	FINI R TO
AN: MEDICAL CERTIFI	Sequentially flat condition resulting in death) Sequentially flat condition if eny, leading to immediceuse. Entar UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant for a sequence of the sequenc	int condition	B. DUE TO B. DUE TO C. DUE TO d	OR AS A CO	Ins. Insecuence of the second	In the underlying	ng causa giv	ren in Par	ert I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b.	Approxit Interval Onset as Onset as Were Autopsy Analiable Prio Completion of Death?	PINE FINE R TO
SICIAN: MEDICAL CERTIFI	Sequentially list condition resulting in death) Sequentially list condition if eny, leading to immediaceuse. Enter UNDERLYINICAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant PART II. Other algnificant One Control 25. WAS CASE REFERRED TO	int condition	B. DUE TO B. DUE TO C. DUE TO d	OR AS A CO OR AS A CO OR AS A CO OR AS A CO	Ins. Insequence of the sequen	Price of the underlying the underlyi	ng causa giv	ren in Par	et cardi	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	24b.	Approxit Interval Onset as Onset as Were Autopsy Analiable Prio Completion of Death?	PINE FINE R TO
AN: MEDICAL CERTIFI	Sequentially list condition resulting in death) Sequentially list condition if eny, leading to immediate couse. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant Cause (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant Cause (Disease or injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pe 2 Accident	ona, lete of condition in the condition	DUE TO B. DUE TO C. DUE TO d	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO	Inna. In the consequence of the	26. P OTHER: 4 Nursing Hone Brews M 1	LACE OF DEA	ren in Par	rt I only one	24s. WAS AN PERFOR	AUTOPSY IMED?	24b.	Approxit Interval Onset at Ons	PINE FINE R TO
TED BY PHYSICIAN: MEDICAL CERTIFI	disease or condition resulting in death) Sequentially list condition if eny, lasding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant Cause of the country of	in the condition of the	B. DUE TO b. DUE TO c. DUE TO d. DUE	(OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO	Inna. In the consequence of the	26. P OTHER: 4 Nursing Honistop	LACE OF DEA	ren in Par	rt I.	24s. WAS AN PERFOR	AUTOPSY INED? NJURY OCCUI	24b.	Approxit Interval Onset at Ons	PINE FINE R TO
ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list condition resulting in death) Sequentially list condition if eny, leading to immedia couse. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant PART III. Other algnificant	ending medical model of the stermined	B. DUE TO b. DUE TO c. DUE TO d. DUE	(OR AS A CO (OR AS	Ins. Insequence of the sequen	26. P OTHER: 4 Nursing Hon E OF 28c. IN. WW 1 street, fectory, office and at the time, date	LACE OF DEAL DURY AT ORK? YES 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ren in Patrick (Check dence 6 [24 NO 25 mind due to	only one Other Other City o	24a. WAS AN PERFOR 1 YES 2 (Specify) TION (Street & Town, State)	AUTOPSY IMED? NJURY OCCUI	24b.	WERE AUTOPSY MAILABLE PRIO COMPLETION OI OF DEATH? 1 YES 2	FINIT CA
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list condition resulting in death) Sequentially list condition if eny, leading to immedia couse. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant PART III. Other algnificant	one, lete long to condition of the condi	B. DUE TO B. DUE TO C. DUE TO d. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO	(OR AS A CO (OR AS	Ins. Insequence of the sequen	26. P OTHER: 4 Nursing Hon E OF 28c. IN. WW 1 street, fectory, office and at the time, date	LACE OF DEA	ren in Parisin dence 6 [24]	only one onl	24a. WAS AN PERFOR 1 YES 2 (Specify) TION (Street & Town, State)	AUTOPSY IMED? NJURY OCCUI and Number or	24b. RED Rural Richard Richa	WERE AUTOPSY MAILABLE PRIO COMPLETION OI OF DEATH? 1 YES 2	FINE R TO CANO



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32. REGISTRAR'S SIGNATURE

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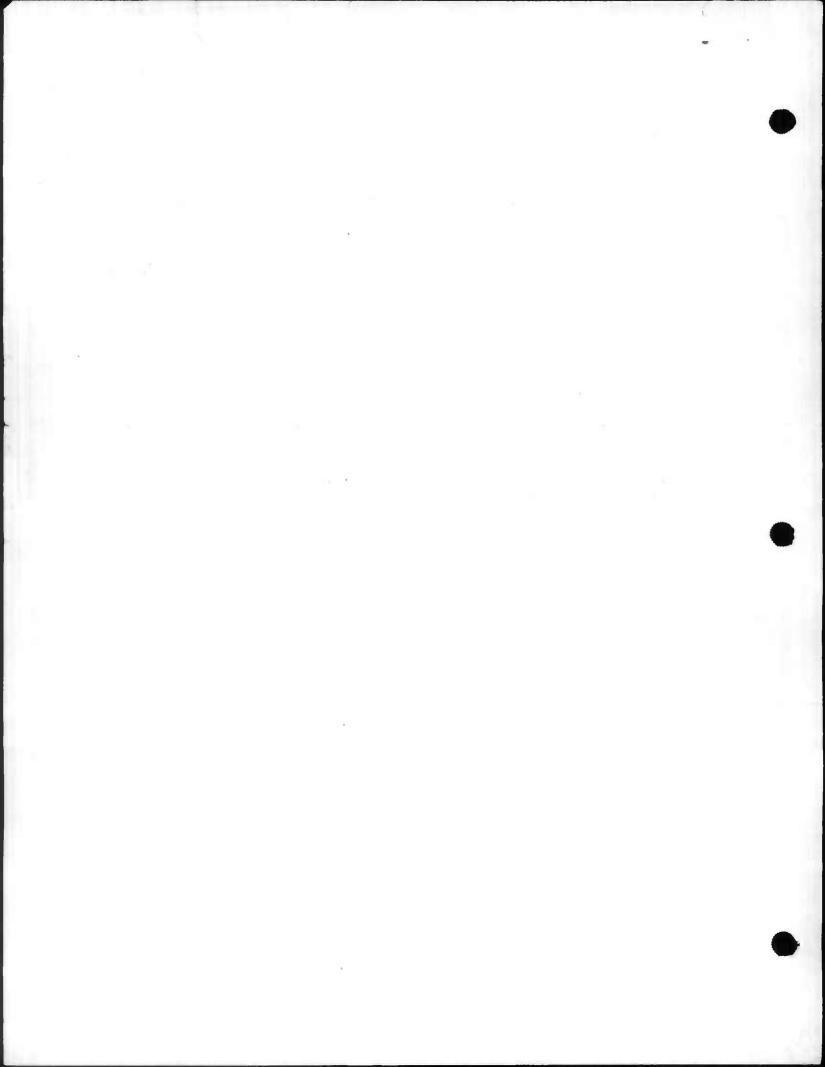
REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Webb MONTH DAY YEAR 435 Bert S MARNE 91 16 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 171-07-8419 1, (M 2 | F 72 YRS. June 13,1918 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Memoria Houre de Grace ATOFORD DIRECTOR HORTORD RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maruland Havre de Grace Harford 1 X YES 2 NO 10s. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 806 Revolution Street 21078 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 N. WO Specify: 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced White 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) Aberdeen Proving Ground College (1-4 or 5+) Seven Years Construction Inspector Aberdeen, Maryland 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Martin L. Wehh Della Meddling 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Eleanor T. Webb 806 Revolution St., Havre de Grace, Md. 21078 20a. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Harford Memorial Gardens Aberdeen, Maryland 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY Lee A. Patterson & Son Funeral Home - Thomasin Tellorgox Perryville, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one pause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) one week n. Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF If any, leading to immediate cause Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES NO Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINET: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and menner se stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) FRMI WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

DHMH-18 Rev 1/89

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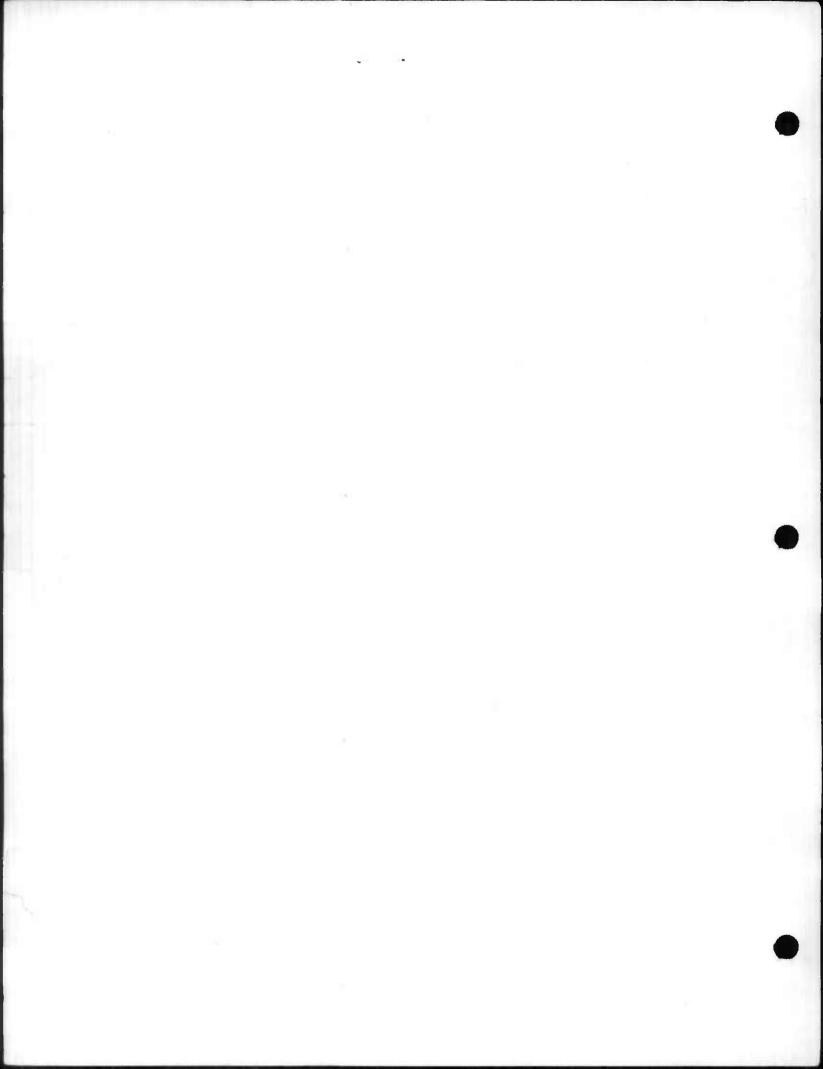
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICA	ATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	1			2. DATE OF DE			3. TIME OF DEATH	
	James I. Wilkinson				MONTH 2	177	51	1:30	Ам
		yrs. last birthday) F	NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH		HPLACE (State or Foreig	20
	214249626 1፟፟፟፟፟™2□F	63 YRS. MON	THE DAYS	HOURS MIN.	(Month, Day, 11/06	Year)	Count	aryland	
	9a. FACILITY NAME (If not institution, give alreet and number)	9b.	CITY, TOWN O	R LOCATION OF DE			INTY OF E		
DIRECTOR	DVAMC/512 (Loch Raven Vetera	ns Hosp)	Baltim	ore					
E I	10s. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT	ON:				10d. INSIDE CITY LIMITS?	
6	MD Cecil	Co	nowing	go				1 TYES 2 X NO)
AL	10e. STREET ANO NUMBER		10f	ZIP CODE		10g. Cf1	IZEN OF	WHAT COUNTRY?	
FUNERAL	239 East Red Hill Road			21918	3			USA	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Spe	city Yes or No-	14. RAC Blac	E — American Indian, ik, White, etc.	
BY	IF YES, GIVE WAR OR DAT	ES		2 X NO Specify			Spec	and the same of th	
	15. DECEDENT'S EDUCATION	16a, DECEDENT'S USU	AL OCCUPATIO	N	16b. KIND	OF BUSINESS/IN	DUSTRY	White	-
ËI	(Specify only highest grade completed)	(Give kind of work life. Do NOT use ret	done during mo:	al of working	1000 1000				1
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 10th	(Ret) Re	eivino	r Manage	r Fed	eral Go	verr	nment (VA	()
8	17. FATHER'S NAME (First, Middle, Last)	(1001) 100	0011111	18. MOTHER'S NA			V CIII	incire (VI	<u>.</u> /
	Ira E. Wilkinson			Haze	el E. T	hompsoi	n		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	RESS (Street a	nd Number or Rural I			_		
2	Mr. Donald B. Wilkinson	1260 E	ovd R	oad, St	reet.	MD 211	54		
	20a. METHOO OF DISPOSITION 20b.	PLACE OF DISPOSITIO				20c. LOCATION -		own, State	
		other place) Weslevan	Chape	Cemete	rv	Aberde	en.	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	D ADDRESS OF FA	CILITY		10.70		
	► William S. Smi>#	_		ell-Smith e de Gra					
	23. PART I. Enter the diseeses, or complicatione that caused							Approximate	
	shock, or heert feliure. List only one ceuse on ee IMMEDIATE CAUSE (Final	ch iine.						interval Betw Onset and D	
		how as	rest					1 4-24	0
	DUE TO (OR AS A	CONSEQUENCE OF):				-		21	
z	disease or condition resulting in death) a. Usma DUE TO (OR AS A MULTICAL)	atro Co	ance	2				1-1m	/
읩	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE OF):							
5	cause. Enter UNDERLYING CAUSE (Disease or Injury								
ŧ١	thet initieted events resulting in deeth) LAST	CONSEQUENCE OF):							
CERTIFICATION	d					_		<u> </u>	
	PART II. Other significant conditions contributing to death but	t not resulting in ti	a underlying	cause given in	Part i. 24a.	WAS AN AUTOPSY PERFORMED?	24	b. WERE AUTOPSY FINDS	
EDICAL						YES 2 NO		COMPLETION OF CAU OF DEATH?	
MEC	/							1 YES 2 NO	
2						\			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	eck only one)				
)S	EXAMINER? 1 YES 2 NO HOSPITAL: Impetient 2 ER/Outpa		HER: Nursing Hom	e 5 🗆 Residence	6 Other (Spe	clfy)			
ξ	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WC	URY AT	28d. DEŞCRIB	E HOW INJURY O	CCURED		
ВУ	Natural 5 Pending Investigation		M 1 🗆						
	3 Suicide 6 Could not be 28s. PLACE OF INJURY building, arc. (Speci	— At home, farm, stree	t, factory, offic		26f, LOCATION City or Tox	(Street and Numb	er or Rural	Route Number,	
COMPLETED	4 Homicide determined								
=	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge of the control of	dge, death occurred a	the time, date	and place, and due	to the cause(a)	and menner as st	ated.		
8	one) 2 MEDICAL EXAMINER: On the beals of examination	end/or investigation, is	my opinion, c	eath occured at the	time, date and	place, and due to	the cause	(a) and manner as state	ed.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. D/	TE SIGNE	D (Month, Day, Year)	
B	alexa Mal.	1		Mn	447		9	117/01	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	nt)	I II CN			\sim	1	
	A Lech Raven	, 4	ochR	on Bi	vd	Balter	nne	Mn	
	31. DATE FILED TAPATH Day Vigar 32. REGISTRAR'S SIGNA	TURE							
	JITE GJ Gulia Davids	on-gandell							

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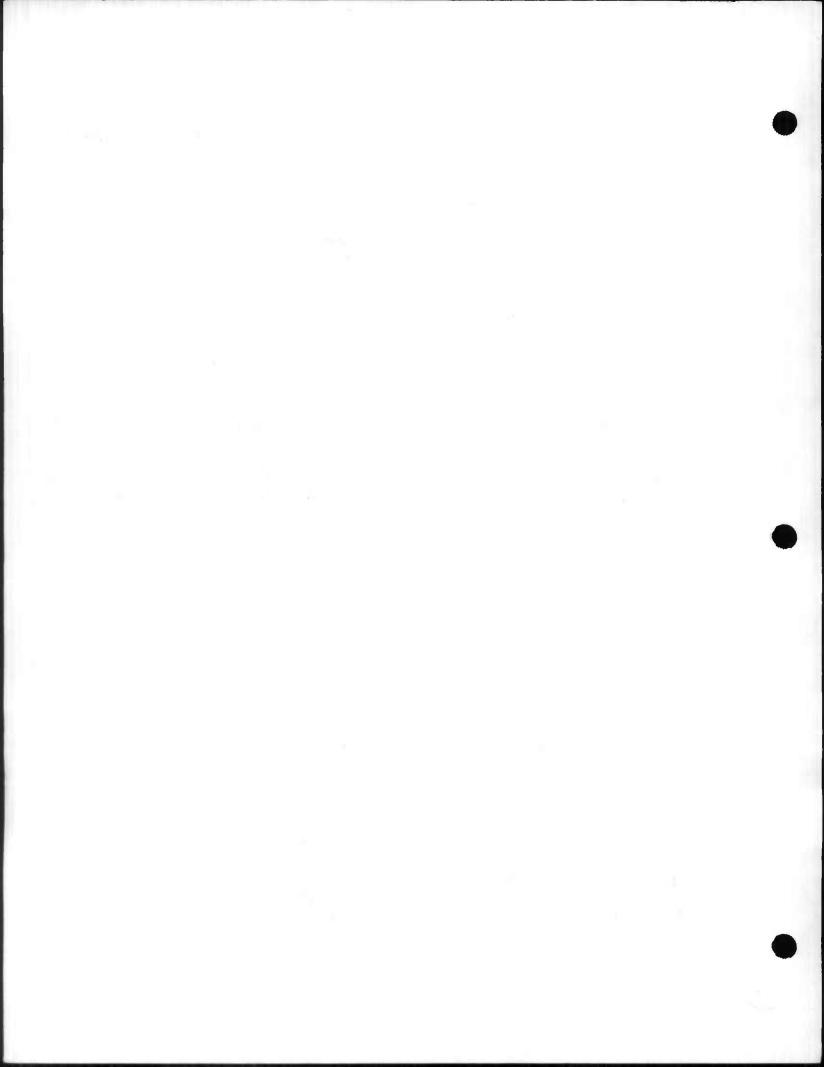
DHMH-16 Rev 1/89



1	-	FOR STATE REGISTE	IAR	
	1. D	ECEDENT'S	NAME	(First,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

											120.110.	_	Y	
	1. DECEDENT'S NAME (First,		ERNARD I	WORTMAN						2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	991 T	8. BIRTH	PLACE (State or Foreign
	190-10-9693	3	1 🖳 M 2 🗆 F	76	76. YRS.			HOURS	MIN.	(Month, D		, !	Country	NSYLVANIA
	9a. FACILITY NAME (If not in		et and number)	70		9b. CITY	, TOWN	OR LOCATI	ON OF DE		171		NTY OF D	
DIRECTOR	NATIONAL RESIDENCE OF DEC	CENTER			BE	THES	DA			MO	ONTGO	DMERY		
닯	RESIDENCE OF DEC	10c. CIT	Y, TOWN					<u></u>			10d. INSIDE CITY			
E I	MARYLAND								LIMITS?					
	10e. STREET AND NUMBER	GAITHERSBURG 10f. ZIP CODE					10g. CITIZEN OF V			/HAT COUNTRY?				
FUNERAL	10000 STEI	DWICK R	OAD #10:	3				2	0879			UN	ITED	STATES
5	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDER FORCES?	NT EVER IN U.S. AR I	MED IO					IC ORIGIN? (or No-	14. RACE Black	American Indian, , White, etc.
8	3 Widowed 4 Divo	•		- 1975			1 TYES	2 XNO	Specify	•			Speci	WHITE
		EDENT'S EDUCA y highest grade co	TION	16a, DE	CEDENT'S	USUAL O	CCUPATI	ON		16b, KI	ND OF BUS	SINESS/INC	DUSTRY	WILLE
COMPLETED	Elementary/Secondary (C		College (1-4 or 5	+} #fe.	Do NOT u	se retired.)		ost of worki	rigi					
MP	12			- Air	plan	ne m	echa				U.S.		<u>'Y</u>	
	17. FATHER'S NAME (First, M BERNARD	G .	WORTMAI	ΛŢ				18. MOT	HER'S NAI	ME (First, Mide	die, Maiden		r 7	
H	19a. INFORMANT'S NAME (WORTHAN		. MAILING	ADORES	S (Street	and Numbe	r or Rural R	Route Number,				
2	HELEN WORTMA													MD 20879
	20s. METHOO OF OIS	ION	Town State	20b. PLACE	OF DISPO	SITION (N	ame of ce	metery, crei	matory or		20c. LO	CATION —	City or To	wn, State
	20s. METHOD OF OIS STITION 20s. Permoval and State Arlington National Cemetery Arlington, Virginia 20s. METHOD OF OIS STITION 20s. LOCATION - City or Town, State Arlington National Cemetery Arlington, Virginia													
	22. NAME AND ADDRESS OF FACILITY S SONS FUNERAL HOME: 4739 Balt. Ave., Hyattsville, Md. 20781													
	-/ Tay	010	II	Julin	an-	. 47	739	Balt.	Ave	e., H	yatts	ville	, Md	
									Approximate interval Between					
	iMMEDIATE CAUSE (Findisease or condition	nal												Onset end Death
	resulting in death)	→ .	CERI	EBRAL VA	SCUL	AR_A	CCID	ENT						
Z		b												
CERTIFICATION	Sequentially list condit if any, leading to imme	diete	DUE TO	(OR AS A CONSEC	OUENCE O	F):								
S	cause. Enter UNDERLY CAUSE (Disease or inju		DUE TO	OR AS A CONSE	DUENCE O	IEI:								-
Ē	that initiated events resulting in death) LAS	σ į	552 15	TON AS A SOME	JOENIOE C	. ,.								
		d.												1
MEDICAL	PART II. Other eignifice	ont conditiona	contributing to	death but not r	eaulting	in the u	nderlyin	g cause	given in	Part i. 2	PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ğ										1	YES 2	XNO		OF DEATH?
-				_						—				1 YES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF E	DEATH (Chi	ick only one)				
SIC	EXAMINER? 1 ☐ YES 2 ☐XNO		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE		ne 5 🗆 R	eeldence	6 Other (S	Specify)			
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE O (Month,	F INJURY Day, Year)	28b. TIR	AE OF JURY	28c. IN	JURY AT		28d. DESCF	MBE HOW I	NJURY OC	CURED	
ВУ	1 Natural 5 2 Accident	Pending Investigation				М		YES 2 [NO					
	3 Suicide 6 4 Homicide	Could not be determined	28a. PLACE 6 building	OF INJURY — At he , etc. (Specify)	me, farm,	street, fac	ctory, offic	ca			ON (Street l Town, State)		r or Rural I	Roule Number,
E	AA- OFFITIER		- NO 15/V		esiro i	TVV ELV			W-35			N 1 3 2 2 -		
COMPLET	(Check only 1 X CEH			f my knowledge, de examination and/or										i) and manner as stated.
	295. SIGNATURE AND TITLE		11 1						ENSE NUM		,			(Month, Day, Year)
BE	Kichard	D. 0	intis	mo						84 (WA	()	► F	-	7,1991
5	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Type	e, Print)		IONA	L NA	VAL ME	EDICA	L CE	A PRINCIPAL	1.11
	RICHARD D.				R		BET	HESD	A, M	D 2088	39-50	00		
	31. DATE FILED (Month, Day,	1 '91		AR'S SIGNATURE	מל	. 00								
- 1	LLD T	7 31	gui	TO TOUT GOOM	-Maria	200								



mil. Pages 1, 2, 3 should

TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zone. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Charles Judge
31. DATE FILED (Month, Dey, Year)
FEB 11 '91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

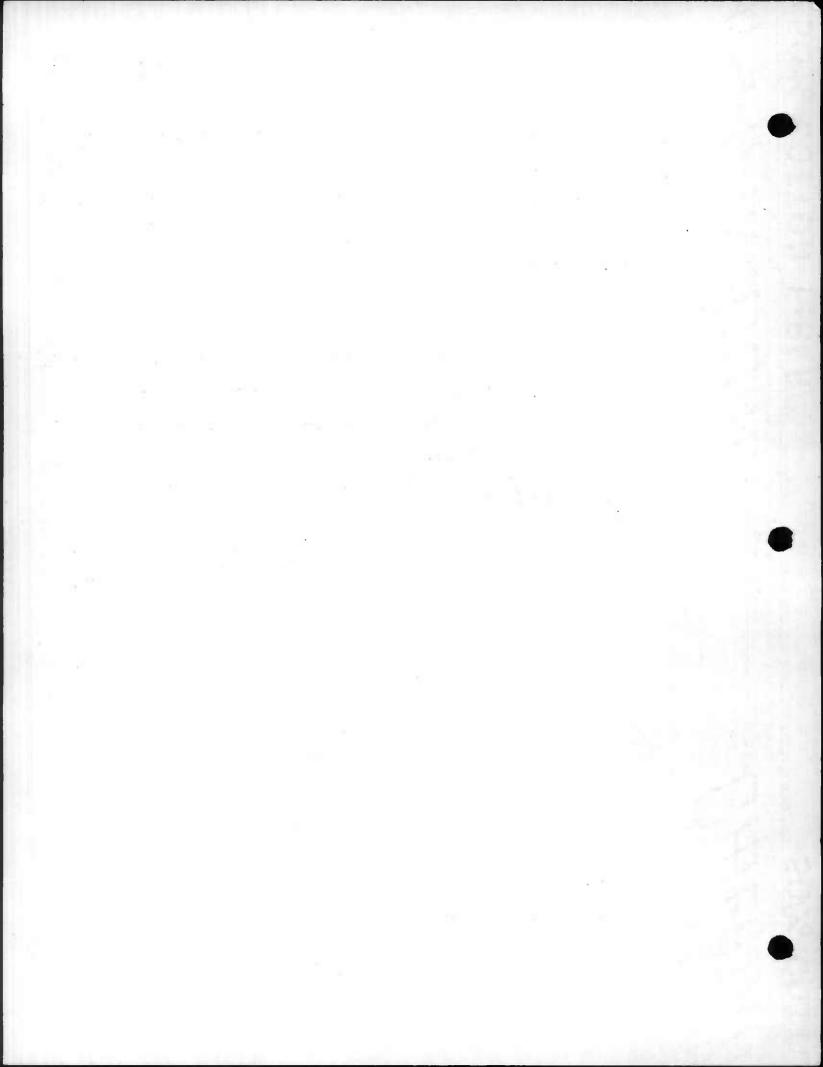
M.D.

a Davidson Randale

	FOR 1 - STATE	STATE OF M					EALTH AND	MENTA	L HYGIEN	9 E		15364
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)				CATE	OF	DEATH	MONT			YEAR	TIME OF DEATH
		Orren	Wood							7, 19		2115 M
	4. SOCIAL SECURITY NUMBER 577–14–2118	5. SEX	8. AGE (In yrs. las		IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	DF BIRTH h, Day, Year) 5-1913		Country)	ngton, D.C.
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY,	TOWN O	R LOCATION OF DI			9c. COUN	ITY OF DEAT	
TOR	8405 Waverly D	rive				Owin	ngs		==	Cal _v	ert C	ounty
FUNERAL DIRECTOR	Maryland 106. COUNT	v Calvert		10c. CITY,	Ow	ings					1	d. INSIDE CITY LIMITS? YES 2 X NO
ERAL	100. STREET AND NUMBER 8405 Waverly Dr.	ive				101.	ZIP CODE 2073	6		10g. CiTi	USA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AF	MED NO	- 11	yes, spe	ENDENT OF HISPAI celfy Cuban, Mexica 2 X NO Specifi	n, Puerto		or No-	14. RACE — Black, W Specify:	American Indian, Thite, etc. White
	15, DECEDENT'S EDU	CATION	18a. Di	CEDENT'S L	JSUAL OC	CUPATIO	N	168	. KIND OF BUS	SINESS/IND	USTRY	WILLEE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 12th	College (1-4 or 5	+) #le	ive kind of wi Do NOT use vernm	retired.)				Federa	1 Cov	0222	n t
MC	17. FATHER'S NAME (First, Middle, Last)		1 00	VETIIII	ent	WOIF	18. MOTHER'S NA				ermie	II L
BE C	Clifford	Roland V					Ma	ry F	rances	Clea		
0	19a. INFORMANT'S NAME (Type/Print)		19				nd Number or Rural					
_	Angela M. Wooda						Drive	Owi	A COLUMN TO THE PARTY OF THE PA			
	2ta, METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	other p	of disposi			etery, crematory or				Mar	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE.			22. N	NAME AN	D ADDRESS OF FA					y 10mg
	Leaugers	Kale	1)				ge P. Ka Oxon Hi					. 20745
	23. PART I. Enter the diseases, prahock, or heart failure.	complications the List only one car	it caused the deuse on each line	ath. Do no	ot anter	tha mo	da of dying, aud	ch aa car	diac or respi	ratory arr	est,	Approximata Interval Batween Onset and Death
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		PHAG			CA	PACE.	R_				5 MONTHS
NOI	Sequentially list conditions,	b	(OR AS A CONSE									
CERTIFICATION	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	DUENCE OF);							
ERTI	resulting in death) LAST	d										
4	PART II. Other algoriticant condition	na contributing to	death but not	reaulting in	n the une	darlying	cause given in	Part I.	24a, WAS AN PERFOR	RMED?	AN CC	ERE AUTOPSY FINDINGS WILABLE PRIOR TO DMPLETION DF CAUSE F DEATH?
N: ME				.,				_			1	YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	HOSPITAL;			OTHER	1:	ACE OF DEATH (C)					
PHYSICIAN: MEDICA	27. MANNER OF DEATH 1 Vetural 8 Pending	28a. DATE DI (Month, L		28b. TIME	DF	28c. INJ	RK?		SCRIBE HOW	NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE (building	OF INJURY — At h., etc. (Specify)	ome, farm, st			ZES 2 NO	28f. LOI City	CATION (Street or Town, State)	end Number	or Rural Rout	le Number,
COMPLET	29e. CERTIFIER (Check only one) 1 XCERTIFYING PHYS											nd menner ee stated.
BE	296. SIGNATURE AND THILE OF CERTIFIE	Dru	de	MD			29c. LICENSE NU D296.				2-8-9	onth, Day, Year)
5	30 NAME AND ADDRESS OF PERSON WI	O CON ETED CAL	OF DE DEATH AT	44 0T /T	D-I-M						-	

.D. Calvert Medical Arts Bldg. Prince Frederick, Md.20678

DHMH-16 Rev 1/89



3. TIME OF DEATH

2, 3 should

FOR STATE REGISTRAR

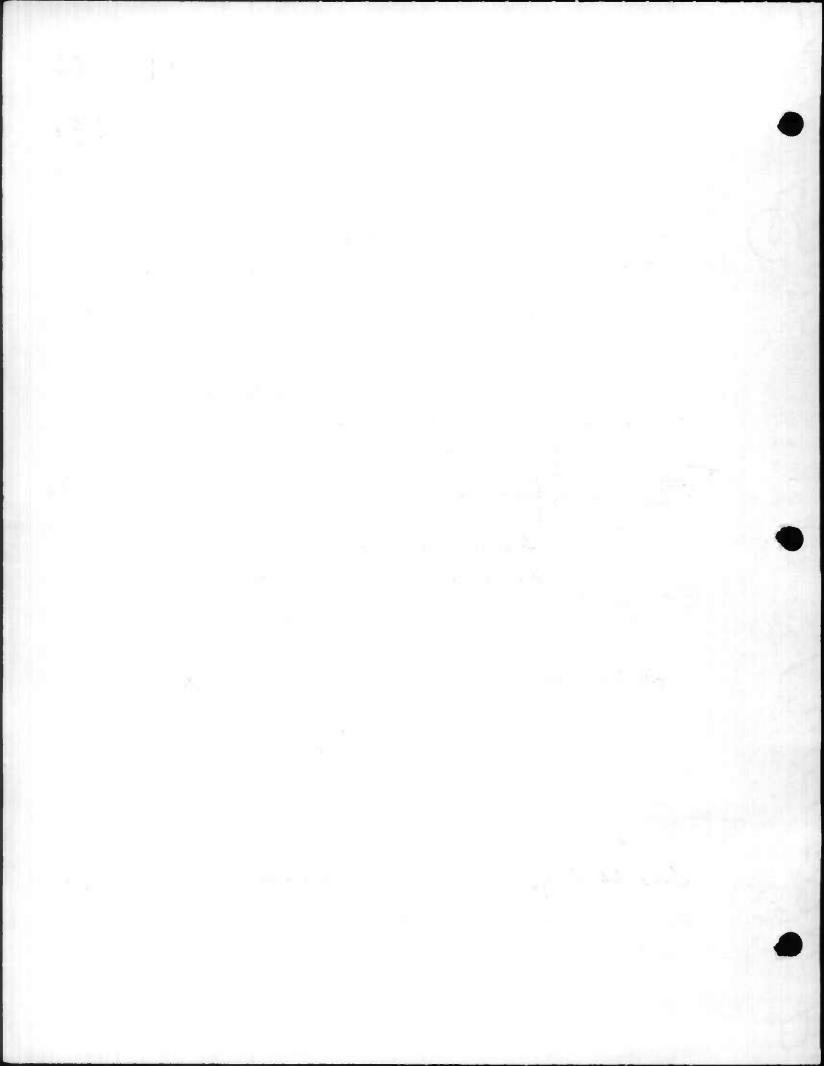
1. DECEDENT'S NAME (First, Middle, Last)

1 -

- 1	Vaughn Burl West:	fall							Februa	arv 1	1, 199	91	7 10 A M
	006 10 5056	S. BEX	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HOURS	HRS.	7. DATE OF	BIRTH	8.	BIRTHPLAC	E (State or Foreign Lrginia
	9a. FACILITY NAME (If not institution, give street		00	Trio.	9b. CITY	TOWN O	R LOCATION			ary 1		Y OF DEATH	
8	4009 Byers Street						Heigh					ce Geo	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			I too CIT	Y. TOWN O	R I OCATI	ON					104	INSIDE CITY
<u> </u>		Georges					eight	S				LIMITS?	
	10e. STREET AND NUMBER			101.							10g. CITIZE	N OF WHAT	
	4009 Byers Street						2074	3			U.S.A	1	
FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT	EVER IN U.S. AR	MED			ENDENT OF	HISPAN	IIC ORIOIN?			- 4	mericen Indien,
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WI		R DATES 1 ☐ YES 2 ★NO Specify:						en, etc.)		Specify:	hite
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DE	CEDENT'S	USUAL OC	CUPATIO	N at of working	5	16b. K	IND OF BUS	SINESS/INDU	BTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	llfe.	Do NOT u	se retired.)								
₹	12		pa.	inte	r						ployed	1	
	17. FATHER'S NAME (First, Middle, Last) Sherman J. Westfal	1.1							ME (First, Mid				
BE	190, INFORMANT'S NAME (Type/Print)	LI	191	MAILING	ADDRESS	/Street or			Stal		rn, State, Zip C	orfa)	
임	Ivanna A. Westfall										MD. 2		
	20a. METHOD OF DISPOSITION	COC == 12ACC 1	20b. PLACE	OF DISPO					r ners		CATION — CI		Blate
	1 Buriel 2XXCremation 3 Remove 4 Donation 5 Other (Specify)	of from State	Metro	poli	tan (rema	atorv			Ale	xandri	a. VA	
<	21. SIGNATURE OF FUNERAL SERVICE LICE	SEE	^				D ADDRESS		CILITY				nd Rd.
	Dund	Tell	sech	Robert E. Wilhelm, Inc.Suitland, MD. 2									
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that	caused the de	ath. Do	not anter	the mo	de of dyln	g, suci	h aa cerdia	c or reap	iratory arres	st,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sudden Caderic Rath. Due to (or as a consequence of): Sequentielly liet conditions.												
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
	resulting in death) LAST												
MEDICAL	PART II. Other eignificant conditions flu Syndione									PERFOI	RMED?	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE
	- grant								_ '	T VES 2	NO		DEATH?
									_			1	, 123 2 110
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Ch	eck only one)			1	
Sic		HOSPITAL:	ER/Outpetient 3	□ DOA	4 Nur		e 5⊕ Resi	Idence	6 🗆 Other (Specify)			
PHYSICI/	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, De	INJURY ny, Ybar)	26b. TII	AE OF JURY		RK?		28d. DESC	RIBE HOW	INJURY OCCU	RED	
BY	2 Accident investigation	28e. PLACE OF	F INJURY — Al ho	me, farm.			rE\$ 2 _	NO	26f. LOCAT	TION (Street	end Number o	r Rural Route	Number
TED	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,				Town, State,		Tiere Front	1401/1001,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner ee stated.												
ш	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEN	NSE NUI	MBER		29d. DATE	SIONED (Mo	nth, Day, Year)
00	Jenes Whish	Ma					217	16	2		Feb	ruarv	12.1991
2	30. NAME AND ADDRESS OF PERSON WHO												
	7 4 1	_											
	Linda Whitby, M.D	. 9556 (Crain Hi	ghwa	у Ир	per	Mar1b	oro	MD.	2077	72		
	Linda Whitby, M.D 31. DATE FILED (Month, Day, Year) FEB 13 '91	32. REGISTRA	Crain Hi			per	Mar1b	oro	MD.	2077	72		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH



2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVIDION OF ALLAL DECONDS, F.O. DOA 00100,	L OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 Jurs after death. Page 6 may	. DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa
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	4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In y	rs. lest birthday,	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE O			BIRTHPLACE (SI	nte or F
	246-42-944	13	1 💢 M 2 🗌 F	55	YRS.	MONTHS	DAYS	HOURS MIN.		8/193		orth Ca	aro
	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b, CITY	, TOWN C	R LOCATION OF DI	EATH		9c. COUNTY		0
DIRECTOR	So.		MAND	Hos	PITAL		0	henre	20		P	· 13. (ou
2	RESIDENCE OF DE	10b. COUNT	,		10c. Ci	TY, TOWN	OR LOCAT	ION				10d. INSI	
5	Maryland	Princ	ce George	219		amn	Snr	ings				1 TYES	
	10e. STREET AND NUMBER		oc ocorg			Cimp		. ZIP CODE			10g. CITIZEN	OF WHAT COU	NTRY
CHELLAL	6104 Clar	ridge	Road					20748	(Ur	ited	St
	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Divi	Married	12. WAS DECEDED FORCES? IF YES, GIVE 19/15/196	WAR OR DATE	2 NO		If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexico 2 XNO Specif	en, Puerto Ri			RACE — Americ Black, White, or Specify: Black	cen In
	15. DEC	CEDENT'S EDU	CATION completed)	10	Ba. DECEDENT			ON st of working	16b. I	KIND OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (College (1-4 or 5 Years	+)	Ilfe. Do NOT	use retired.)		cialis	t	Gove	rnmer	nt	
5	17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOTHER'S NA	AME (First, Mi	ddle, Maiden	Surname)		
Z L		Inknow	n					J€	essi€	Wil	liams	5	
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	IG ADDRES	S (Street a	and Number or Rural	Route Numbe	r, City or Town	n, State, Zip Co	de)	
-	Barbara W		ms					dge Rd					ry
	20a. METHOD OF DISPOSIT 1 Burial 2 Cremati 4 Donation 5 0 Othe	rion on 3 ☐ Ram	oval from State	of cen	LACE AND DA	ry or other p	olsce)		DATE	-		or Town, State	
	4 Donation 5 Othe			_ Ar	lingt	on N	lati	onal Co	emete	7 t A	Arlir	gton,	V
13	21. SIGNATURE OF FUNERA	GT CE LI	IL.			22.	tew	art Fu	neral	Hom	ie		
	Lonn		Julia	J'T		4	001	Benni	ng Rá	1. N	E. W	lash.	D.
CERTIFICATION	disease or condition recuiting in death) Sequentially list condition if any, leading to imme		DUE TO	O (OR AS A C	ONSEQUENCE	OF):	(Julm	en a	y di	ime		
	cause. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in death) LAS	ring ury	cDUE TO	O (OR AS A C	ONSEQUENCE	OF):							
	PART II. Other signific or Lyfn ar Lew		Thans						Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	24b. WERE AU AMAILABL COMPLET OF DEATH	E PRK TION O H?
CIAN	25. WAS CASE REFERRED	TO MEDICAL						LACE OF DEATH (C	heck only one)		1	
	EXAMINET?		HOSPITAL: 1 inpatient 2	☐ ER/Outpati	ont 3 7 00A	OTHE		ne 5 🗆 Residence	6 🗆 Other	(Specify)			
BY PHYSIC	27. MANNER OF DEATH 1 Autural 5 2 Accident	Pending Investigation	28a. DATE O (Month,	Day, Year)	28b. T	IME OF NJURY M		JURY AT DRK? YES 2 NO	28d. DE\$6	CRIBE HOW I	NJURY OCCUP	RED	
	a Charlete	Could not be determined	28e. PLACE building	OF INJURY — I, atc. (Specify	At home, fam	s, street, fac	tory, offic	ca .		TION (Street r Town, State)		Rural Route Num	ber,
COMPLETED	CONSCR ONLY		ICIAN: To the best of										nner
BE CC	296. SIGNATURE AND TITL	e or cellura	2.1.1.	MAN	\$	П		201 LICENSE NU			29d. DATE S	IGNED (Month, D	lay, Ye
0	Mayou	1/	any	77111			,	# 812	00		-	0-11	

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

91 05366

3. TIME OF DEATH

(OUN)

North Carolina

10d. INSIDE CITY 1 YES 2X NO

United States 14. RACE - American Indian, Black, White, etc.

Springs, Maryland

D.C. Approximata

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO

Interval Between **Onset and Death**

DHMH-16 Rev 1/89

S'S COTTON

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	tificate has I	e State Dept.	r item 23
	certificate has I	the State Dept.	, or item 23 s
	his certificate has I	with the State Dept.	ted, or item 23 s
	ir this certificate has I	th with the State Dept.	arked, or item 23
	After this certificate has I	death with the State Dept.	marked, or item 23 s
	R: After this certificate has I	er death with the State Dept.	Is marked, or item 23 s
	CTOR: After this certificate has I	after death with the State Dept.	28 Is marked, or item 23 s
	RECTOR: After this certificate has I	urs after death with the State Dept.	nm 28 Is marked, or item 23 s
	. DIRECTOR: After this certificate has I	hours after death with the State Dept.	Item 28 Is marked, or Item 23 s
	RAL DIRECTOR: After this certificate has I	72 hours after death with the State Dept.	: If Item 28 Is marked, or Item 23 s
	NERAL DIRECTOR: After this certificate has I	thin 72 hours after death with the State Dept.	NT: If Item 28 Is marked, or Item 23 s
	FUNERAL DIRECTOR: After this certificate has I	within 72 hours after death with the State Dept.	ITANT: If Item 28 Is marked, or Item 23 s
	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be der	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on

FOR 1 - STATE	STATE OF MAI					MENTAL			U	367	
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	Rub	ylea	Waug		DEATH	MONTH	REG. NO	DAY	/EAR	TIME OF OEATH	
4. SOCIAL SECURITY NUMBER 321 05 7579	5. SEX 6.	AGE (In yrs. lest bir		DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	DF BIRTH , Day, Year)		BIRTHPLA Country)	:30 A.M. CE (State or Foreign Texas	
9a. FACILITY NAME (If not institution, give stress 1702 Swinburne Av				rofto	DR LOCATION OF O	DEATH		9c. COUNT Anne	Y OF DEAT	1	
	Arunde1	11	ос. сіту, тоw Croft		TION				1 [I. INSIDE CITY LIMITS? YES 2 X NO	
100. STREET AND NUMBER 1702 Swinburne Av	7e.				2111 ⁴			Unit	n of what ed St	ates	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	-	If yes, sp	CENDENT OF HISPA ecify Cuban, Maxic 2 図 NO Speci	an, Puarto F	tican, atc.)	ea or No— 1	Black, W	American Indian, hita, atc. Thite	
15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 8 +)	(Give I	DENT'S USUAL kind of work do NOT use retire	ne during m d.)	ast of working			JSINESS/INDUS	STRY		
Teacher Public School Teacher Public School To Anther's NAME (First, Middle, Last) Warren B. Clement Mattie Jane Foster								1 Sys	System		
Warren B. Clement Mattie Jane Foster											
20a. METHOD OF DISPOSITION 1	wal from State		OISPOSITION	(Name of ce	metery, crematory or		20c. L	OCATION — CH	y or Town,		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert E. Evens, Pros. 22. NAME AND ADDRESS OF FACILITY Beall-Evans Fune 16000 Annapolis								-		and 2071!	
23. PART I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition	omplications that callst only one cause	on each line.	n. Do not en							Approximata interval Between Onset and Dear	
Sequentielly list conditions, if sm, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Metas DUE TO (OR	AS A CONSEQUE	INCE OF):	des	NO COM	ine	ma				
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 460	contributing to dec	eth but not resu	uiting in the	underlyin	g ceuse given in	Part i.		N AUTOPSY DRMED? 2 NO	CO DF	RE AUTOPSY FINOING: INLABLE PRIOR TO MPLETION OF CAUSE OEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	VOutpatient 3 🗆	DOA 4	IER:	LACE OF DEATH (C						
27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,)	E OF INJURY 28b, TIME OF 28c, INJURY AT					28d. DEŞCRIBE HOW INJURY OCCURED				
3 Suicide e Could not be	building, atc.		7.1			City	or Town, Stat			Number,	
2 MEDICAL EXAMINE	R: On the basis of axem				death occured at th	e lime, dets		and due to the	cause(s) an		
296. SIGNATURE AND TITLE OF CERTIFIER		_			29c, LICENSE NO	JMBER 134		29d. DATE	SIGNED (MC	onth, Day, Year)	

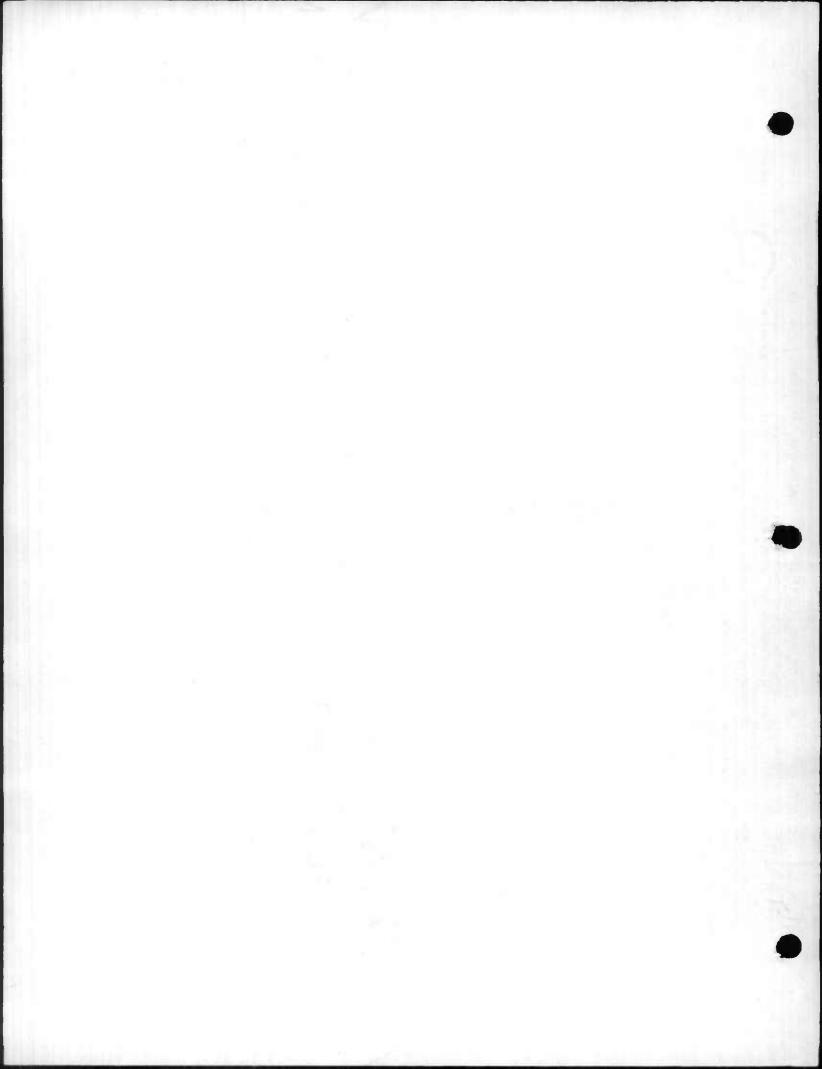
Crofton Maryland 21114

SO. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Carol Pressey

31. DATE FILEO (MONTH, Day, Yo FEB 12

D #3 VIIIage Green
32. REGISTRAN'S SIGNATURE
Julia Davidson Andree



MPORTANT. If them 28 is marked, or item 23 shows any injury, or

PHYSICIAN: MEDICAL CERTIFICATION

BY

BE COMPLETED

2

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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2

BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 . STATE

* REGISTRAR			EKIIFI	CAL	E OF	DEA	I H		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)	J.	Win.	مر م	Wqs	ev			2. DATE MONTH	OF DEATH	5-9	YEAR	3. TIME OF D	EATH A	м
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)		R 1 YEAR	IF UNDER		7. DATE C			6. BIRTHI	PLACE (State	or Foreign	,
578-22-7679	1 🕅 M 2 🗆 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	'	17,	1924	Wash	, ingto	n,D.	C.
9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CIT	Y, TOWN C	R LOCATI	ON OF DE	EATH		9c. COU	NTY OF O	EATH		
Prince Georges Ge	eneral Ho	spital		Ch	ever.	Lу				Pri	ince	Georg	es	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,				OR LOCAT									
	e Georges	}		,	Marl	1700						10d. INSIDE LIMITS? 1 YES 2		
10e. STREET AND NUMBER				101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?				
11310 Sherrington	n Ct.					2077	2			Ţ	J.S.A	١.		
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF		13.				NIC ORIGIN	(Specify Yes	or No-	14. RACE Black	- American , Whita, atc.	Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, OIVE W				1 TYES				want, etc.)		Specif			
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. Di	ECEDENT'S	USUAL C	OCCUPATIO	ON at of words	ng.	18b.	KIND OF BUS	SINESS/INC	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	-)		work done during most of working see retired.)										
Supervisor of Transporation PEPCO														
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surneme)														
James A. Winberge	er					E1.	la E	. McC	hesne	y				
19s. INFORMANT'S NAME (Type/Print)									er, City or Tow					
Mildred A. Winebe	erger							Uppe	r Mar	lbor	o, MD	. 207	72	
20s. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Hem	ovel from State	Other p	OF DISPOS								City or To			
4 Donation 8 Other (Specify)	-	Mar	y1and						Ch	elter	nham,	MD.		
SL BIGNATURE OF FUNERAL SERVICE LI	4 Thee	bach		R	oberi	Ε.	Wil:	helm,	Inc.	Suit	land	tland , MD.	Rd. 207	46
23. PART I. Enter the dispasses, or shock, or heart fellure.	complications the List only one cau	t caused the duse on each lin	esth. Do r	not enta	r the mo	de of dy	Ing, suc	ch as card	isc or resp	iretory sr	rest,	Interv	ximste ii Betw	
IMMEDIATE CAUSE (Final disease or condition	y testeany	e certer	118	1,12	Ties	NI	· el ec	5771	dula	, ,)	Onset	and De	sth
resulting in desth)	DUE TO	(OR AS A CONSE	EOUENCE OF	F):			16400		cero					
Sequentially list conditions,	b													
If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	F):										
CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):										
PART II. Other significent condition	ns contributina to	deeth but not	resulting	in the u	ınderivin	o ceuse	alven In	Part I.	24a, WAS AN	AUTOPSY	24b	WERE AUTOP	SY FINDIN	NGS
									PERFO	RMED?		AVAILABLE PO COMPLETION OF DEATH?	NOR TO	
1 U YES 2 NO														

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF INJURY 1 Natural 5 Pending Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

OTHER:

1 CERTIFIEM PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA

26. PLACE OF DEATH (Check only one)

8 - Residence 6 - Other (Specify)

28d. DESCRIBE HOW INJURY OCCURED

'9 13 Julia Davidson-Randalle FFR

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

permit. Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5- hours after death. Page 6 may be intained by the hospital of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs, may 5 should be described the field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or Other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTA	L HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle,	, Last)					OF DEATH			TIME OF DEATH
GERALDINE	DORIS	W	ILKINSON	J	FEB		1991	EAR	8:00 a
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	0.	BIRTHPL	ACE (State or Foreign
214-32-5284	1 M 2 XF	54 YRS.	MONTHS DAYS	HOURS MIN.		h, Day, Year) E 20, 19		Country)	AND
9a. FACILITY NAME (if not institution,	ı, give street and number)		9b. CITY, TOWN	OR LOCATION OF D			9c. COUNTY		
JONES HASTINGS	S ROAD		DADO	SONSBURG			LITCO	MTOO	
RESIDENCE OF DECEDER			FARS	ONSBURG			WICO	MICO)
10a. STATE 10b. C	COUNTY	10e, CITY	Y, TOWN OR LOCA	TION				10	d. INSIDE CITY
MARYLAND	WICOMICO	I	PARSONSB	JURG				1/	YES 2 NO
10e. STREET AND NUMBER			10	of. ZIP CODE			10g. CITIZEN	OF WHA	AT COUNTRY?
JONES HASTING	GS ROAD			2184	9			USA	
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED		CENDENT OF HISPA				RACE -	American Indian,
1 Never Marriad 2 Marriad	d FORCES? 1 YE			pecify Cuban, Mexico S 2 NO Specif		Rican, atc.)		Black, W Specify:	Vhite, etc.
3 Widowed 4 Divorced				X	,			орески).	WHITE
15. DECEDENT' (Specify only highes	'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATI	ION	16h	. KINO OF BUSIN	NESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	se retired.)	ust or working					
7 YEARS	NO	LIN	NE WORKE	:R	1	POULTRY	COMP	ANY	
17. FATHER'S NAME (First, Middle, La			IL WOLL	18. MOTHER'S NA				All	
GEORGE	DEWEY BI	RITTINGHAM	A.	CALLT	T7 1	ELIZABE	TIT	MAC	CEV
19a. INFORMANT'S NAME (Type/Prin				and Number or Rural					SEY
HELEN OWENS- S								00,	
		20b. PLACE OF DISPOS		PITTSV			1850 ATION — City	ar Town	0.4
1 X Burial 2 L Cremation 3 L	☐ Removal from State	other place)							
Donation 5 Other (Specify the SIGNATURE OF EMPERAL SERV		WICOMICO		L_PARK		SAL	ISBUR	Y, M	.D
n. states one of general sent	20			WAY FUNE		HOME PA			
won.	Kfollowery	4		NOW HILL				MD	21801
23. PART I. Enter the disease	ia, or complications that can	sad the death. Do r							Approximata
	allure. List only one cause or	n aach line.							Interval Between
IMMEDIATE CAUSE (Final disease or condition	Caredia	र राज व	OM	20 10	ALA	01021	atus	o,	2
reaulting in death)	a. DUE TO (OR /	A CONSEQUENCE O	5	~	_(-				6 mos
	a Coredio DUE TO (OR A LIEUR	Co	7.						
Sequantially list conditions,		AS A CONSEQUENCE OF							-
If any, leading to immediate cause. Enter UNDERLYING		S A CONCECCENTE	7.						İ
CAUSE (Disease or Injury	C. DUE TO (OR /	AS A CONSEQUENCE OF	5.						-
that initiated events resulting in death) LAST	501. 10 (0.1.	S A CONSCOUNTED C.	r):						i
	d								
PART II. Other algnificant cor	nditiona contributing to deat	h but not resulting	in the underlying	ng causa given ir	n Part I.	24a. WAS AN A			ERE AUTOPSY FINDINGS
						PERFORM			WAILABLE PRIOR TO OMPLETION OF CAUSE
						1 🗌 YES 2	KNO	Of	F DEATH?
								1	YES 2 KINO
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only or	ne)			
1 TYES 2 NO	1 Inpatient 2 ER/C	Dutpetient 3 DOA	OTHER:	me 5 KResidence	6 🗆 Othe	er (Specify)			
27, MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea		AE OF 28c. IN	JURY AT	28d. DE	SCRIBE HOW IN	JURY OCCUP	RED	
1 Netural 5 Pending	19	"		YES 2 NO					
2 Sulate	28a. PLACE OF INJU	URY — At home, ferm, s	street, factory, off	ica		CATION (Street an	d Number or	Rural Rou	ite Number,
4 Homicide determine		Specify)			City	or Town, State)			
29a. CERTIFIER								_	
(Check only	PHYSICIAN: To the best of my kr								
2 MEDICAL E	XAMINER: On the basis of exemina	ation and/or investigatio	on, in my opinion,	death occured at the	e time, dete	e and place, and	due to the c	:Suse(S) e	nd manner as steted.
29b. SIONA URE AND TITLE OF CE	ERTIFIER /	,		29c. LICENSE NU	JMBER				fonth, Day, Ybar)
/ lucewo	2000 ful	1901		D353	48	,	>2	1 2	-91
NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF	DEATH (MEN 27) (Type,	s, Print)				-		
Televisul	recers	e hos	5 hoto	e					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	NGNATURE	-						
9-13-188	1401 . 1	la Kin							
	A 70 7H								

18.7.1.21

1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely filted fired for my be retained by the hospital or attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burning be filted within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

COMPLETED

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	a.										-	1 - 1	053	370
	FOR STATE REGISTRAR	STATE OF MARY	LAND / CEI	PAR RTIF	TMENT ICATE	OF H	EALTH DEAT	AND N		YGIENI EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest SC	OPHIA E. PU	RNELL	и	1:111	an	15		2. DATE OF C	DEATH DA		YEAR 91	3. TIME 0	F DEATH
	4. SOCIAL SECURITY NUMBER 213-14-1632		E (In yrs. last t	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B	ARTH 5-0	08	TŶĂ:	ŠKIN,	MD .
OR	98. FACILITY NAME (If not institution, give PENINSULA GENERA				9b. CITY		ISBU	RY	ATH			I COM		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN MD. WI	COMICO			ALIS			-					10d. INSK LIMIT	DE CITY TS?
FUNERAL	100. STREET AND NUMBER	B EAST ROAD)				. zip coo 2180			10g. CITIZEN OF WHAT COU			VHAT COU	ITRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	NO If yes, specify Cuban, Mexican, Puerto Rican, atc.)						or No—	14. RACE — American Indian, Black, White, etc. BEACK			
PLETED	15. DECEDENT'S EC (Specify only highest gra Elemantary/Secondary (0-12) 8th	College (1-4 or 5+)	(Give land of work done during most of working life. Do NOT use retired.)						b. KINO OF BUSINESS/INOUSTRY HOUSEWIFE					
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	L			16. MOT	HER'S NA	ME (First, Midd HARF			HOLS		8		
TO B	19a. INFORMANT'S NAME (Type/Print) JAMES I. WILLIAMS 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Ste ADD. SAME AS ABOVE								rn, State, Zij	p Code)				
	20a, METHOD OF DISPOSITION 1 💢 Burial 2 🗆 Cremation 3 🗆 Re 4 🗆 Donation 5 🗆 Other (Specify)	GREEN	REEN ACRES MEMORY PARK							LISB				
	SOLUTION SERVICE	Jolley		22 JOLLEY MEMORIAL CHAPEL, RTE. 2, BO SALISBURY, MD. 21801						, BO	X 920,.			
	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory emerged by the cause on each line.									rreat,	int	proximate erval Between set and Daath		
	disease or condition resulting in death)	a. Out (AS A CONSEO	UENCE (Q /	f 1	eur	13	u f	4	· · · · · · · · · · · · · · · · · · ·		les	x Cenwer
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR	AS A CONSEO	VUENCE (VL (Jas	, De	sac						
	that initiated events resulting in death) LAST								-					
PHYSICIAN: MEDICAL C										COMPLE OF DEAT	ITOPSY FINDINGS LE PRIDR TO TION OF CAUSE H? S 2 NO			
AN:	25. WAS CASE REFERRED TO MEDICAL	. [26. F	LACE OF	DEATH (C	heck only one)					
YSIC	EXAMINER? 1 YES 2 LNO	HOSPITAL:		_		reing Ho		Residence	8 🗆 Other (S					
ВУ РН										wheet				

27. MANNER OF DEATH 1 Natural
2 Accident
3 Suicide

4 Homicide

28a. DATE OF INJURY (Month, Day, Year) М 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death

29b. SIGNATURE, AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) 29c. LICENSE NUMBER 00211

29d. DATE SIGNEO (Month, Day, Year) 9 2

M Clas 0 7

31. DATE FILED (Maries Day) 491 32. REGISTRAR'S SIGNATURE wha Davidson-Randall



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
•	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIL OF MAILL		CATE OF		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Lest)	1 4	4 14		V	2. DATE OF DEATH	AV YE	3. TIME OF DEATH			
	ESTher	-	NOOD		_	February					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday) 7 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 23,19	6.	BIRTHPLACE (State or Foreign Country)			
	219 12 1965		/ THS.				Maryland				
DIRECTOR	9a. FACILITY NAME (If not institution, give Washington Count BESIDENCE OF DECEDENT				or location of de rstown	EATH	Wash:	of DEATH ington			
EG	10a. STATE 10b. COUNT	ry	10c. CITY	Y, TOWN OR LOCA	ITION			10d. INSIDE CITY			
H	Maryland Wash	ington	Wi	lliamsp	ort		LIMITS?				
	10a. STREET AND NUMBER		1		H. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
ER/	Route 2, Box 57A	- Doub Road			21795			USA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 🔀 NO	II yes, s		NIC ORIOIN? (Specify Yearn, Puarto Rican, etc.)	14. RACE — American Indian, Black, Whita, atc. Specify: White				
0	15. OECEDENT'S EDI	JCATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	166, KIND OF BU					
COMPLETED	(Specify only highest grad	College (1-4 or 5+)	ille. Do NOT us	vork done during m se retired.) :keeping		schoo	l board	d			
O	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA						
BE C	Aaron Hege				Bessi	e Eshelman					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	m, State, Zip Coo	de)			
5	. 21795										
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Rer	20	b. PLACE OF DISPOS other place)	SITION (Name of co	emetery, crematory or	20c. LC	CATION — City	or Town, Stata			
	4 Donation 5 Other (Specify)	HOVEL HOW STATE	Cedar Law	n Memor	ial Park	Hag	erstown	n, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE L										
	>5000	Do Jum	LOS		CH FUNER		gereto	wn, Md. 21740			
CERTIFICATION	shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition	na contributing to death	but not reaulting	in the underlyle	ng cause given in	Part I. 24e. WAS AN PERFO 1 TYES	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL			00.1	M ACE OF DEATH OF						
ᅙ	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C/						
₹	1 YES 2 NO	1 Onpatient 2 - ER/Out 28s. DATE OF INJURY	tpatient 3 L DOA 28b. TIM		me 5 Residence	a ☐ Other (Specify) 28d, DESCRIBE HOW	IN ILIBY OCCUP				
	1 Natural 5 Pending	(Month, Day, Year)	INJ	JURY W	YES 2 NO	2001 020011132 11011		-			
ВУ	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJUR	Y — At home, farm,			28f. LOCATION (Street	and Number or	Rural Route Number.			
딢	4 Homicide a Could not be	building, etc. (Spe	ecify)			City or Town, State)				
COMPLETED	(Orlock Orly)	SICIAN: To the best of my know IER: On the besis of examinati						ause(a) end menner ea atated.			
	2012 MAATURE AND TITLE OF CERTIFI				29c. LICENSE NU						
TO BE	Wartha a	HO COMPLETED CAUSE OF D	UN STEM 2D GOOD	Direct	B38	29d. DATE SIGNED (Month, Day, Year)					
•	MARTHA A. RI	GGLE, MD	239	N. Pi	HOME.	STREET	HAG	-, MD 21746			
	31. DATE FILED (MORE) 19" Q1	32. REGISTAAR'S SIG	evidson-Rank	delle							

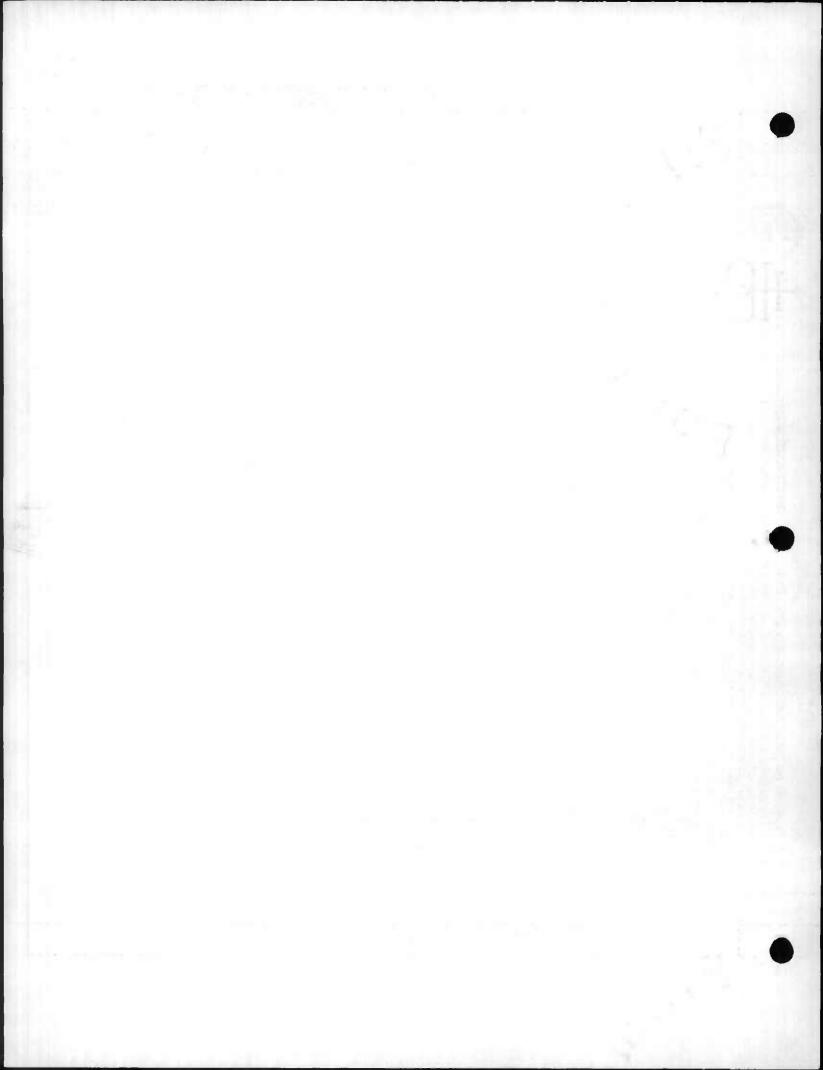
deta		Onc
2		诺
t. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detain		is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
page		pe
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mpleteh	l, crema	event,
and co	pond o	natic
hysician	r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	r traun
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atte	ental	UZ.
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0,	3,111,111								9	()537	2
	1 - FOR STATE REGISTRAR	STATE OF MA			MENT OF H		MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Peter	Peter :	Behrend	t WOO	DWARD dward		2. DATE MONT	OF DEATH	ž <u>s</u>	KEAR	3. TIME OF OEAT	Рм
	4. SOCIAL SECURITY NUMBER 212-06-5741	 	B. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont)	of BIRTH h, Day, Year) 5-69		Country	race (State or Fo	
OR	98. FACILITY NAME (If not institution, give s Washington Count		Hospit	cal		R LOCATION OF DI	EATH		9c. COUNT	Y OF OE		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. COUNT Maryland W	v ashington			TOWN OR LOCAT						10d. INSIDE CITY LIMITS?	
FUNERAL I	100 STREET AND NUMBER 100 Pikeside Dr					21740			U.S	N OF W	HAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT FORCES? 1 [IF YES, GIVE WA Nationa	YES 2 TR	40	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Spect	in, Puarto		or No-	4. RACE Black, Specify Whi		en,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	ive kind of w	T'S USUAL OCCUPATION of working less retired.) 16b. KIND OF BUSINESS/INDUSTRY of working less retired.)							
	17. FATHER'S NAME (First, Middle, Last) David E. Woo	dward				18. MOTHER'S NA						
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 100 Pikeside Drive Hagerstown, Maryland 21									
	David E. Woo 20a METHOD OF DISPOSITION 1 N Burlel 2 Cremetton 3 Ren		20b. PLACE	AND DATE	OF DISPOSITION		Hage	_	Mary)
	4 Donation 5 Other (Specify)		Ceda	r Law	n Cemet		2-1	5 Hag	ersto	wn.	Marylar	nd
	21. SIGNATURE OF FUNERAL SERVICE LI	Mins	ud	-		. Wilson		Minnio d. Hag				740
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Liet only one caus	ceused the de e on each line OR AS A CONSE	· /		de of dying, suc	ch as can	diec or reep	iratory street	iete Jetween d Death		
ERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	(OR AS A CONSEQUENCE OF): (OR AS A CONSEQUENCE OF):									
	resulting in death) LAST	d										
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ns contributing to c	death but not	reaulting i	n the underlyin	g ceuse given in	Part i.	24a. WAS AP PERFO 1 TES	RMED?		WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE
IAN	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C)	neck only o	ne)				
YSIC	EXAMINER? 1 XYES 2 NO	HOSPITAL:		1		e 8 🗆 Residence	6 🗆 Oth	er (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF I (Month, Day FOUND	y, Year)	28b. TIME INJI 91		URY AT ORK? YES 2/ NO	Suh	A a ch	hany	RED	solf	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF building, e	INJURY — At hote. (Specify)	_	treet, factory, office Parm	•	Mar		ke/Don	nybr	rook Roa	
COMPLETED	CONTROL ONLY		at the time, data and piece, and due to a grave a temperature and the time, data and piece, and due to the cause(a) and menner as stat									
TO BE C	SOUTH THE OF CENTURE	hele				29c. LICENSE NU					(Month, Day, Year)	
-	MARYDMITS	A. KOM	OF DEATH (ITE	M 27) (Type,	Print)	E. 111	Bar	NSC	BAU	ma	name	20)
	FEB 1 4 91	32. REGISTRAF	e Davidson	-Aand	· R							

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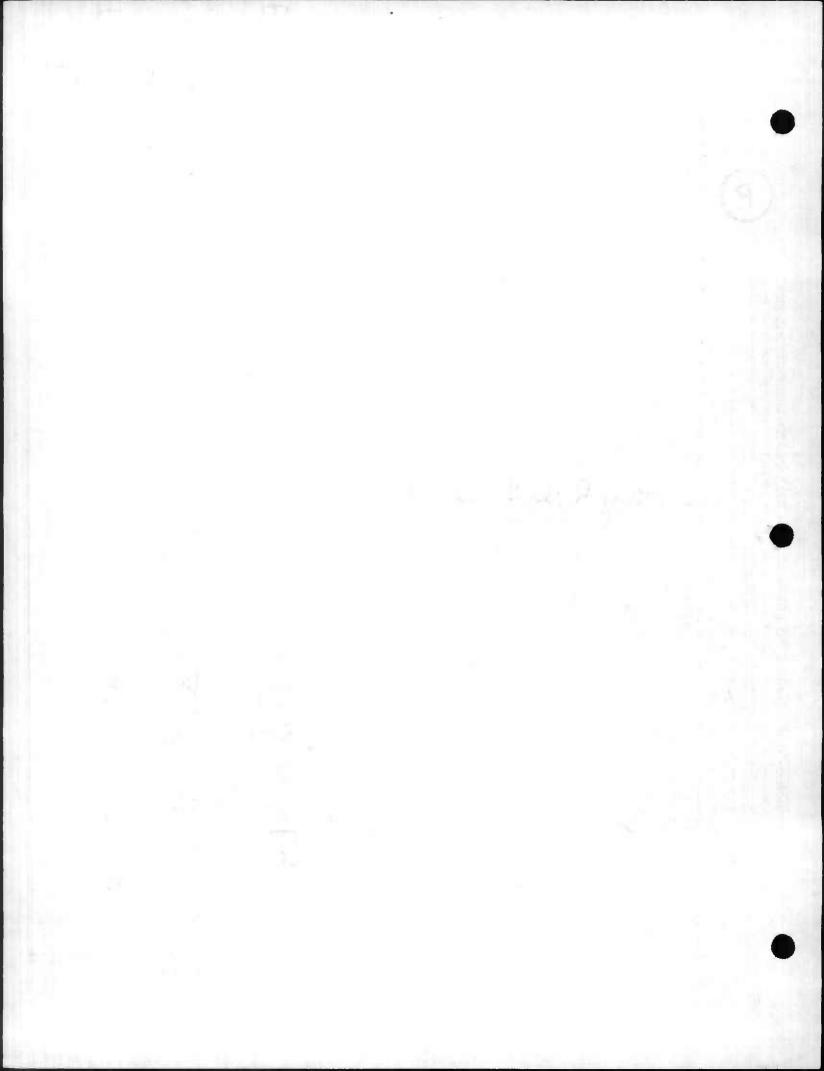
1. DECEDENT'S NAME (First, M	ficialie. Last)	Raymor	nd (NM			Or I	DEAT		2. DATE OF	EG. NO.			TIME DF DEATH
	mm		hite	N) WI	ILIE				MONTH	DAY	9	YEAR	710 P
4. SOCIAL SECURITY NUMBER	R 5.	SEX 6.	AGE (In yrs. les		IF UNDER 1	YEAR DAYS	IF UNDER	4 HRS.	7. DATE OF I (Month, De	y, Year)		. BIRTHPLA Country)	CE (State or Foreign
218-34-3			75	YRS.			111-2-3	9/11/	10-1	1 -13	9c COUNT		Md.
9e. FACILITY NAME (II not instit Washington C	100						Stow		ATH			ingt	
RESIDENCE OF DECE	DENT	•		T								1 40	d. INSIDE CITY
1000 0 1100	юь соинту Washing	gton		1.7	gers							- 2	LIMITS?
10e. STREET AND NUMBER				1		10f,	ZIP CODE				10g. CITIZE	N DF WHA	T COUNTRY?
Route 4, Goo	d Samar	ritan Lo	dge				217					USA	
11. MARITAL STATUS 12 Never Merried 2 M 3 Widowed 4 Divorce	larried	FDRCES? 1 FYES, GIVE WAR	YES 2 K		H	yes, spe	city Cuber		IC ORIGIN? (S n, Puerto Rica		or No— 1	4. RACE — Black, W Specify: Whit	
	DENT'S EDUCATI		(0	ive kind of	USUAL OC	CUPATIO	N it of working	7	16b. KII	ID OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-12	2) C	College (1-4 or 5 +)	1,000	dish	washe	r			r	estar	irant		
17. FATHER'S NAME (First, Mick unknown	dle, Last)			-				er's na knov	ME (First, Midd	lle, Meiden S	Sumame)		-
190. INFORMANT'S NAME (Type) Dorcus Black									Route Number, L25 N.				Hagersto
20a, METHOD OF DISPOSITIO	IN		20b. PLACE	OF DISPO	SITION (Ne	ne of cerr	netery, crem	atory or	_	20c. LOC	taryle	ind 2	Hagersto 1740 State
1X Buriel 2 Cremation 4 Donation 5 Other (S		I from State	Rose		1 Cem						erstov	vn, M	aryland
21. SIGNATURE OF FUNERAL	SERVICE LICEN	SEE			MI.	NNIC	H FU	NER/	KLTYHOM	E			
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	iate iG y c	B. Carcinoma of lung, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	t conditions	contributing to d	eath but not	resulting	in the un	dertvino	cause (atven in	Part i. 2	la. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDII
mal	nuts	cleve	1							PERFOR		C	MAILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
- 1													
25, WAS CASE REFERRED TO							LACE OF D	EATH (C	eck only one)				
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 1 10	1	10SPITAL:	ER/Outpetlent	3 🗆 DOA	OTHER	P:			6 🗆 Other (S	Specify)			
25. WAS CASE REFERRED TO EXAMINER? 1 VES 2 AND 27. MANNER OF DEATH	1		NJURY	28b, Ti	4 🗆 Nun	R: sing Hom 28c. INJ WO	10 5 □ Ri	eldence	6 🗆 Other (S		NJURY OCC	URED	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 P 2 Accident W	Pending	28a. DATE OF II (Month, Day 28a. PLACE OF	NJURY ; Year)	28b, Ti	4 - Nun	28c. INJ WO	NO 5 ROURY AT ORK? YES 2	eldence	6 Other (S	RIBE HOW I	and Number		ite Number,
25. WAS CASE REFERRED TO EXAMINER? 1 VES 2 ANO 27. MANNER OF DEATH 1 Netural 5 P 2 Accident	Pending neestigation Could not be letermined	28a. DATE OF II (Month, Day 28a. PLACE OF building, e	NJURY — At the Control of the Contro	28b, Ti	4 □ Nur ME OF NJURY M , street, fact	1: aling Hom 28c. INJ WO 1 - '	IURY AT PIKY YES 2 [NO NO	6 Other (S	ION (Street in Town, State)	and Number	or Rural Ros	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 P 2 Accident P 3 Suicide 6 C 4 Homicide C 29a. CERTIFIER (Check only one) 2 MEDIC	Pending meetigation Could not be betermined SFYING PHYSICIA CAL EXAMINER:	28a. DATE OF III (Month, De) 28a. PLACE OF building, e AN: To the best of m On the basis of example of the basis of the basis of example of the basis o	NJURY - At h INJURY - At h Injury	28b, Till nome, ferm	A □ Num ME OF NJUTY M In street, fact Tried at the tition, in my of	1: aling Hom 28c. INJ WO 1 - '	PART OF THE PART O	NO NO	6 Other (S 28d. DESCI 28f. LOCAT City or	ION (Street in Town, State)	and Number of	or Rural Roo ed.	
25. WAS CASE REFERRED TO EXAMINER? 1	Pending meetigation Could not be betermined SFYING PHYSICIA CAL EXAMINER:	28a. DATE OF III 28a. DATE OF III (Month, De) 28a. PLACE OF building, e AN: To the best of m On the basis of exe	NJURY - At h INJURY - At h Injury	28b. Till in norme, farmindeath occur investigate of the second of the s	4 Num Ne OF NJURY M , street, fact	28c. INJ 28c. INJ 28c. INJ WO 1	PART OF THE PART O	NO NO NO NO NO NO NO NO NO NO NO NO NO N	6 Other (3 28d, DESC! 28f, LOCAT. City or a to the cause a time, date at MBER	ION (Street in Town, State)	and Number of	or Rural Roo ed.	and manner as state



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05374 91

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) Helen W. Wilson					8, 199T	3. TIME OF DEATN			
	213-12-8810	□ M 2 🛱 F 81	YRS.	UNDER 1 YEAR SF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year) 9/9/09	Ma:	ethplace (State or Foreign cuntry) ryland			
10R	9a. FACILITY NAME (If not institution, give stree 2929 Churchville RESIDENCE OF DECEDENT			city, town or location of d Churchville	EATH	Harfo:				
DIRECTOR	100. STATE 100. COUNTY Maryland Harf	ord		own on Location urchville			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10. STREET AND NUMBER 2929 Churchville	Road		101. ZIP CODE 21028		U.S.A.				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 ANO	13. WAS DECENDENT OF NISPA If yes, specify Cuban, Maxic 1 YES XX NO Specify	an, Puarto Rican, atc.)	ACE — American Indian, leck, White, atc. peoffy: nite				
ETED.			ille. Do NOT use n	done during most of working tired.)	18b. KIND OF BU	BUSINESS/INDUSTRY				
MP	12	2	Secr	etary	Insura	nce Com	pany			
COMPLET	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Malden					
BE	Charles H. Chesn	ey			ie E. Mitc					
5	19a. INFORMANT'S NAME (Type/Print)			ORESS (Street and Number or Rural	-					
	Richard R. Wilso	γ		Churchville Ro		hville,				
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of competance). 20c. LOCATION - City or Tow of competance call vary Methodist Cemetery 2/1 Churchville									
	4 Donation 5 Other (Specify)		Calvary M	22. NAME AND ADDRESS OF F		urchv11.	le, MD			
	· Harw R. il	Listiano	mi	Tarring-Car Aberdeen, M	go Funeral	Home, P. 1001-33	. A 99			
DICAL CERTIFICATION TO BE COM	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
DICAL CE	PART II. Other significent conditions	contributing to deeth b	out not resulting in	the underlying cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
ME							1 YES 2 NO			
IA	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)					
Sic		HOSPITAL:		THER: Nursing Nome 5 Residence	8 Other (Specify)					
BY PHYSICIAN:	27. MANNER OF DEATN 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (28d. DEŞCRIBE NOW	INJURY OCCURE				
ED	3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stre	et, factory, office	28f. LOCATION (Street City or Town, State		iral Route Number,			
D BE COMPLE	TOTAL OTHY	and the second s		at the time, data and place, and du in my opinion, death occured at th			ise(a) and menner as stated.			
TO BE C	296, SIGNATURE AND TITLE OF CENTER	W		29c. LICENSE NI	JMBER 27843	29d. DATE SIG	NED (Month, Day, Year)			
	80. HAME AND ADDRESS OF PERSON WITO ROY H. Phill	COMPLETED CAUSE OF DE	200	5 Rock St	o, Rd. A	Farast	- Hill mo			
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	1- Mandall							



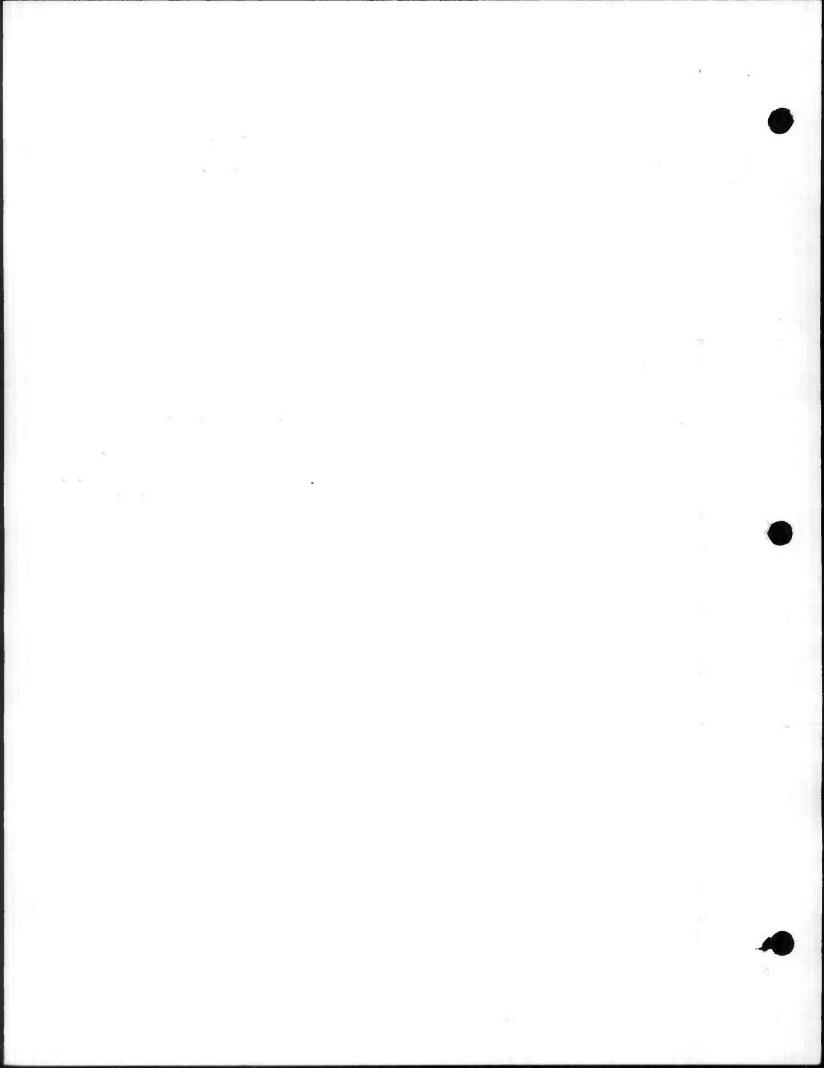
3 PHYSICIAN; The law requires that the determinate be executed within 2001/18 and deam, rage 5 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3	G PHYSICIAN: The law requires that the observation between which are consistent of the observation of attending physician. It is that the confidence is the observation of the observation of completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, and the State Dept. of Health and Mental Hygher prior to burial, cremation, or removal.
he attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2	e attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2 lental Hygiene prior to burlat, cremation, or removal.
	lerital Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTO

FOR 1 - STATE REGISTRAR	S	TATE OF MAI		DEPARTI				MEN	TAL HYGIENE REG. NO.			
1. DECEOENT'S NAME (First,	Middle, Last)								ATE OF DEATH			3. TIME OF DEATH
GERALD	DAVID	WASSU	M					Feb	DATE 13, 1	991	YEAR	9:09 PM M
4. SOCIAL SECURITY NUMB	ER 5. 1	SEX 6.	AGE (In yrs. las	t birthday)	F UNDER 1	YEAR II	F UNDER 24 HRS	. 7. DA	TE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
213-38-8079		XM 2 □ F	50	YRS.			OURS MIN.	Jā	onth, Day, Year) an. 28,1			ginia
99. FACILITY NAME (If not ins 3109 James				9	Abe	rdee	LOCATION OF	DEATH			rfor	
RESIDENCE OF DEC												
Maryland	10b. COUNTY Har	ford		10c. CITY, 1 Abe	rdee		•					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 3109 James	s Run Ro	ad				101. ZI	P CODE 1001			10g. CITI	ZEN OF V	WNAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 🔀	Married	WAS DECEOENT ET FORCES? 1X	YES 2 T	MED (O	If y		y Cuban, Max	Ican, Pua	IOIN? (Specify Yearto Ricari, atc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, etc. //y:
3 Widowed 4 Olvoo	EDENT'S EDUCATION	.961-1964	15a, DE	CEDENT'S US	BUAL OCC	UPATION			18b. KIND OF BUS	INESS/IND		ite
(Specify only Elementary/Secondary (0-	highest grade comp	ollege (1-4 or 5+)		lve kind of wor Do NOT use i								
12			Cher	nical	Plan	it Op	erato	r	US	-gov	ernn	ment
17. FATHER'S NAME (First, Mil Corbett	(nmn)	Wassum				1	6. MOTHER'S Rub		rst, Middle, Meiden : uth Vip		an	
19a. INFORMANT'S NAME (7) J. Sue Wassi			191	3109 J	ames	Street and	Number or Rui Road	al Route A	vumber, City or Town	, State, Zip Md.	2100)1
20a. METHOD OF DISPOSITI	n 3 🗆 Removal	from State	other of	non!			ery, cremetory			CATION —		
4 Donation 5 Other	21. SIGNATURE OF FUNERAL SERVICE LICENSEF 22. NAME AND ADDRESS OF FACH ITY											
Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009												
23. PART I. Enter the di												Approximate
iMMEDIATE CAUSE (Fin disease or condition reaulting in deeth)		only one cause	on each line	inter	1	lue	tost	ti	Care		u e	Interval Between Onset and Death
	_	DUE TO (OF	AS A CONSE	OUENCE OF):							_	
Sequentielly liet conditi If any, leeding to immed cause. Enter UNDERLY!	diete	DUE TO (OF	AS A CONSE	OUENCE OF):		<u></u>						
CAUSE (Disease or inju thet initiated events resulting in death) LAS	ry 🕻 "—	DUE TO (OF	AS A CONSE	OUENCE OF):							····	
	d											
PART II. Other algorifica	nt conditione co	ontributing to de	eth but not i	reculting in	the und	erlying o	euse given	in Part	1 TYES 2	MED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
												OF DEATH?
25. WAS CASE REFERRED TO	n arrayan I											
EXAMINER?	H	OSPITAL:	20.4-4-4		THER:	:	E OF DEATH					
27. MANNER OF DEATH	110	Inpetient 2 E		28b. TIME		esc. INJUR		-	Other (Specify) DESCRIBE HOW II	ATHRY OC	CURED	
1 Netural 5	Pending Investigation	(Month, Day,		INJU	RY M	WORK			220111221101111		001125	
3 Suicide 8	Could not be determined	28e. PLACE OF II building, ato	JURY — At he (Specify)	ome, farm, str	eet, factor	ry, offica			LOCATION (Street a City or Town, State)	nd Numbe	r or Rural	Route Number,
CONTROL ONLY	TIFYING PHYSICIAN	: To the bast of my	knowledge, de	eath occurred	at the tin	ne, data ar	nd place, and	dus to the	e cause(a) and mar	ner as sta	ted.	
one) 2 MED	ICAL EXAMINER: 0	n the basis of exam	ination and/or	Investigation,	Іп ту ор	inion, dea	th occured at	the time,	date and place, an	d due to t	he cause	(a) and menner as stated.
29b. SIGNATURE AND TITLE	OF PERTIFIER	-6.8	w	, , , , , , , , , , , , , , , , , , , 	7	2	9c. LICENSE	NUMBER	383	29d. DAT	4	(Month, Only Year)
30. NAME AND ADDRESS OF				BRA		126	RO	BI	ELCAMI	R	DA	0 21017
31. DATE FILED (Month, Day,	4 '91	32. REGISTRAR'S										



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

-												9		033	10
1 -	FOR STATE REGISTRAR		STATE OF	MARYLAND C	/ DEPAR						YGIEN EG. NO.	E			
1.	Melvin	ilson	Melvin	(nmn) W:	Wilson			2. DATE OF I	2. DATE OF DEATH			3. TIME OF 1		
4.	SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs	lest birthdey)		IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH			8. BIRTH Countr	PLACE (State	or Foreign
	212-09-9806		1 M 2 - F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	June 23, 1907			Maryland		
	. FACILITY NAME (If not in	stitution, give st	reet and number)	.1.0			Y, TOWN C				•	9c. COUNTY OF DEATH			
1	rallston	spital	_		Fal	15+	on	Hart				ORGI	•		
	ESIDENCE OF DEC	10b. COUNTY		10c, CITY, TOWN OR LOCATION						-				10d. INSIDE	CITY
	Maryland						·							LIMITS?	
10	O. STREET AND NUMBER		Bel Air					10g. CITIZEN OF				22			
	303 Amherst				21014						log. Oil	USA			
11	I. MARITAL STATUS			. WAS DECEDENT EVER IN U.S. ARMED						NIC ORIGIN2 (S				F — American	Indian
13	Never Merried ⊅∑ Widowed 4 Divo	FORCES? IF YES, GIVE	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp. If yea, specify Cuben, Maxican, Puarto Rican, 1 ☐ YES ② ☐ NO Specify:								ironari,	
17	15. DEC	EDENT'S EDUC	WII	16a.	DECEDENT'S	USUAL C	OCCUPATION)N		16b. KIN	ID OF BUS	SINESS/IN		ATTCE	
-		y highest grade	completed)		(Give kind of life. Do NOT u	work done ise retired.)	during mo		ing						
	E-enterinary/Secondary (C		2	2 Brick La				yer			ustr	uctio	on		
17	7. FATHER'S NAME (First, M	liddle, Last)						16. MOT	NER'S NA	AME (First, Middle, Malden Surname)					
	James Henr	y Wil	.son					V.	irqi	nia ·		Botz	zler		
19	a. INFORMANT'S NAME (Type/Print)			19b. MAILING	G AODRES	S (Street a			Route Number, (City or Tow	n, State, Zi	ip Code)		
1	Marie E. Wi	lson			303 2	Amhei	rst (Court	t. Be	el Air	. Md	210	014		
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State														
	Of Buriel 2 Cremetion 3 Removal from State of cametary, crematory or other place) Parkwood Cemetery 2-14-91 Baltimore, Md.														
21	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
1	2000000	0/0	Mr. O.	1010	1111	I	Howai	rd K.	. Mc	Comas :	III I	Fune	ral H	Home,	P.A.
-	PART L Enter the	N. T.	IVA.CO		111					ry Road					1009
1 '	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heert fallure. List only one ceuse on each line. Approximate interval Between														
	IMMEDIATE CAUSE (Finel disease or condition					. 1	1	n/4	0.	1.1.0				Onset	and Death
	esuiting in death)	→ .	114551	DUE TO (OR AS A CONSEQUENCE OF):						8		14	dup.		
IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Massive (H) CvA. (m) ktheminlega a Due to (or as a consequence of): Extressive aphenia. Due to (or as a consequence of): Due to (or as a consequence of):															
s	Sequentially list condit	ilons,	DIE TO (OB AS A CONSECUENCE OF)												
li c	f any, leading to imme cause, Enter UNDERLY	40.000	atual 66-												
) c	AUSE (Disease or Inju-														
n	eauiting in deeth) LAS	Uput	it trelycardia. As					Spurahan Pneymoni			onia,				
	that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSCOUÈNCE OF): VENT TRULY CAN DIA. A SPITATION Prey mornia.														
	PART II. Other significa	int condition	a contributing t	o deeth but no	t resulting	in the u	Inderlyin	g ceuse	given in	Part I. 24	a. WAS AN	AUTOPSY	24	b. WERE AUTOF AWAILABLE P	PION TO
	ord let with will						1) Allumpanan							DF DEATH?	OF CAUSE
	1 YES 2 NO										□ NO				
25	5. WAS CASE REFERRED T EXAMINER?	O MEDICAL	MOCENTAL					LACE OF I	DEATN (C	heck only one)					
	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)														
27	7. MANNER OF DEATH	28a. DATE ((Month,	26e. DATE OF INJURY (Month, Day, Year) 26b. TIME INJU		ME OF	OF 28c. INJURY AT			28d. DEŞCRIBE NOW INJURY OCCURED						
	1 Natural 5 2 Accident		,,,,,,,, .			M 1 YES 2 NO									
	3 Suicide 6		28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)				281. LOCATION (Street City or Town, State)			and Number or Rural Route Number,					
25	4 Nomicide	1	<u></u>				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
25	9a. CERTIFIER 1 CER	TIFYING PHYSI	ICIAN: To the best	of my knowledge,	death occur	rred at the	time, date	and plac	e, and du	a to the cause(a) and ma	nner aa st	tated.		
		ICAL EXAMINE	R: On the Masia of	examination and	or investigat	lon, in my	opinion,	death occu	ured at the	e time, dete an	d place, a	nd dua to	the cause	(s) and manner	as stated.
	29b. SIGNATURE AND TITLE OF CENTIFIER					29c, LICENSE NU				NUMBER 29d. DATE SIGNED (Month, Day, Ye			Ybar)		
	1871				D184				845	424 >2-12-9			~91		
2	O NAME AND ADDRESS O	E DEDCONTEN	O COMBI ETER CA	HISE OF DEATH O	TEM 2D CS-	na (Deine)	_	-	V7"	. 1			. ~1	[]	

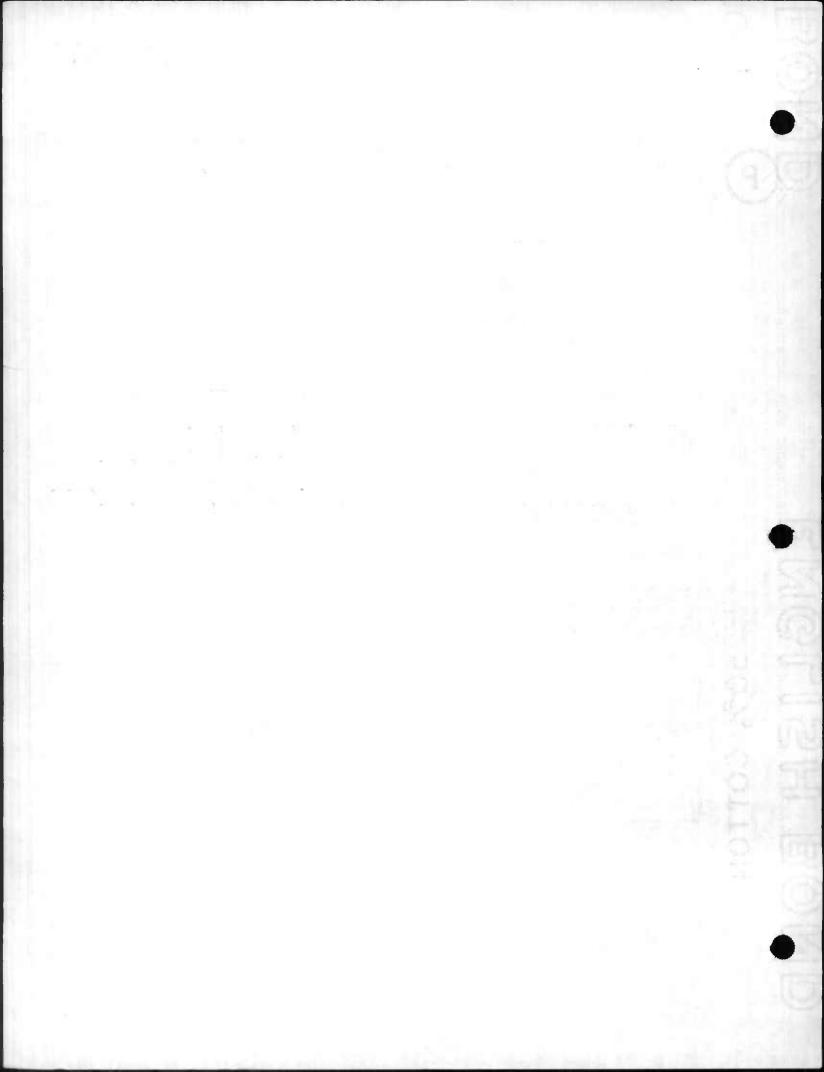
WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PER

PAREKH B.D 1908 FALISTON MD. 21047

31. DATE FILED (Month, Day, Year) FEB 13 '91

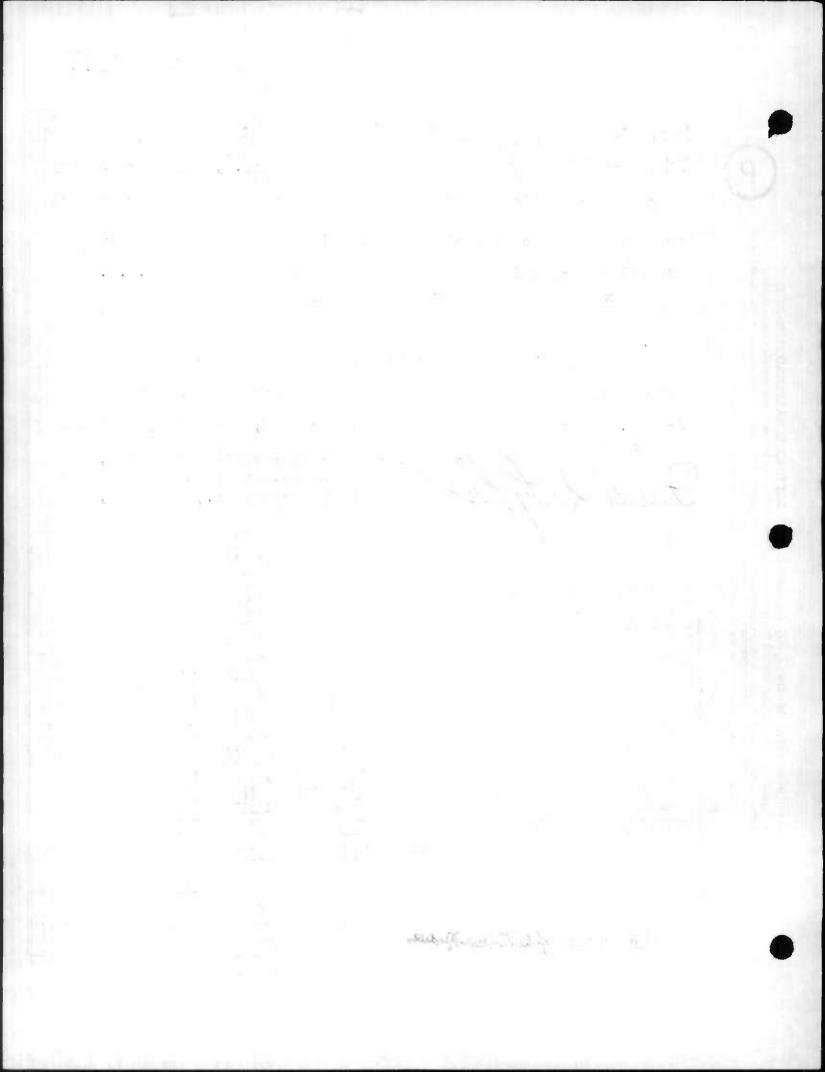
32. REGISTRAR'S SIGNATURE
Julia Savidson-Randale.

ONMN-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit of Health and Mental Hygiene prior to burial, cremation, or removal.
BOX 68760,	ate be executed within 24	ysiclan and completely fill prior to burial, cremation
RECORDS, P.O. BOX 68760,	requires that the death certific	een signed by the attending physician and completely filled in by the fit of Health and Mental Hygiene prior to burial, cremation, or removal,

	1. DECEDENT'S NAME (First, Middle, Last)	F. 1	110LK	ICATE OF	DEATH	2. DATE OF DEAT		YEAR 3. TIME O	F DEATH 5		
1	4. SOCIAL SECURITY NUMBER 150-20-2129	1 M 2 F 6.	In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye. Nov. 9, 1	ar)	New Je			
CTOR	98. FACILITY NAME (if not institution, the street and number) 99. CITY, TOWN OR LOCATION OF DEATH Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEMENT										
DIRECTOR		Anne Arunde		Annapo]	lis				2 NO		
FUNERAL	10e. STREET AND NUMBER 30 Baldridge 11. MARITAL STATUS	Road 12. WAS DECEDENT EVER IN	N U.S. ARMED		21401	NIC ORIGIN? (Speci	U	S A .			
à la	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexico 2 XNO Specif	n, Puerto Ricen, ato	ć.)	A. RACE — Americ Black, White, at Specify: White	£		
ONCE.	15. DECEDENT'S EDL (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 6+)	(Give kind of life. Do NOT i	s USUAL OCCUPATION work done during more retired.)	ON est of working		egal	STRY			
g m	17. FATHER'S NAME (First, Middle, Last) Edward Anthony	Flynn				atharir		es			
TO BI	190. INFORMANT'S NAME (Type/Print) John C. Wolke			Baldric		escultura.			401		
must be	John C. Wolke 30 Baldridge Road, Annabolis, MD 21401 206. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 206. PLACE AND DATE OF DISPOSITION (Name of the place) 206. LOCATION - City or Town, State 206. LOCATION - City or Town, State 207. LOCATION - City or Town, State 208. LOCATION - City or Town, S										
examiner must	22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401 147 Gloucester St., Annapolis, MD										
event, the medical	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet offly one cause on e	sch line.	not enter the mo	de of dying, suc			et, App	proximate erval Betw set and De 2 4 e		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. Due TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
: MEDICAL CE	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 □ NO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? AND THER: OTHER:										
marked, or BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	F DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? M 1 YES 2 NO									
	2 Accident investigation 3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							or Rural Route Numb	97,		
ANT: If Item 28 Is COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.										
TO BE COMP	296. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) Pawid (farmless D) 2 (0/9/										
-	DAULD C. BARNES MD ST Fran File St Annapolis and 21401										
	31. DATE FILED (Month, Day, Year) EEB 1 2 1991	32. REGISTRAR'S SIGN	fandall.								



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

1 🗆 M 2 📝 🕏

nexa

12-20-5979

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number)

umberland Keesen

10b. COUNTY

4. SOCIAL SECURITY NUMBER

1 -

10a. STATE

permit	TED	MARYLAND ALLE	CUM	JMBERLAND 101. ZIP CODE							
ling physician. the burial-transit		HOMER STREET 11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 N	2 ☑ NO If yes, specify Cuben, Mexican, Puerto Ri						
requires that the death certificate be executed within its reforms after death. Page 6 may be retained by the hospital or attend en signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as of Health and Mental Hygiene prior to burial, cremation, or removal.		15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) UNKNOWN		ollege (1-4 or 5 +) (Give life, Do			ATION most of working		KIND OF E		
		17. FATHER'S NAME (First, Middle, Lest) UNKNOWN					18. MOTHER'S NA MAR		LOG		
		190. INFORMANT'S NAME (Type/Print) JAMES D. BOYER	2		196. MAILING ADDRESS (Street and Number or Rural Route Number, G 310 SOUTH STREET CUMBE)						
		20s. METHOD OF OISPOSITION 1 Burlel 2 Cremation 3 Rem. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) WELLERSBURG CEMETERY 22. NAME AND ADDRESS OF FACE					20c.		
		23. PART I. Enter the diseeses, pro	D. Hay	ما الم		1302		AL F	WY]		
		shock, Dr haart fellure. Llat only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
		PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS PERI 1 YES									
te h		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			HER:	PLACE OF DEATH (Ch	1			
PHYSICIA this certif with the tked, or		1 YES 2 NO 27. MANNER OF DEATH 1 Action 5 Pending Investigation	1 Inpatient 2 ER 28e. DATE OF INJU (Month, Day, Ye	URY 28b. TIME (28c. I	Nursing Home 5 Residence 28c, INJURY AT WORK? 1 YES 2 NO		28d. OE\$CRIBE HO		
OR ATTENDING I OIRECTOR: After hours after death item 28 is mai		3 Suicide 8 Could not be determined	28e. PLACE OF IN- building, atc.	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28f. LOCATION City or Town							
	COMPLE	29a. CERTIFIER (Check only one) 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and Discovered at the time, date and place. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place.									
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P	TO BE C	29b. SIGNATURE AND TITLE OF DESTITION 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER							0		
2	-	Memorial 1	tospiti	11	M 27) (Type, Prin	dal	Buil	116	9		
		31. DATE FILED (Month, Day, Year) FFB 0.7 1991	32. REGISTRAR'S						9		

CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

CUMBERLAND

Lel)

6. AGE (In yrs. last birthday)

Home

90

REG. NO.

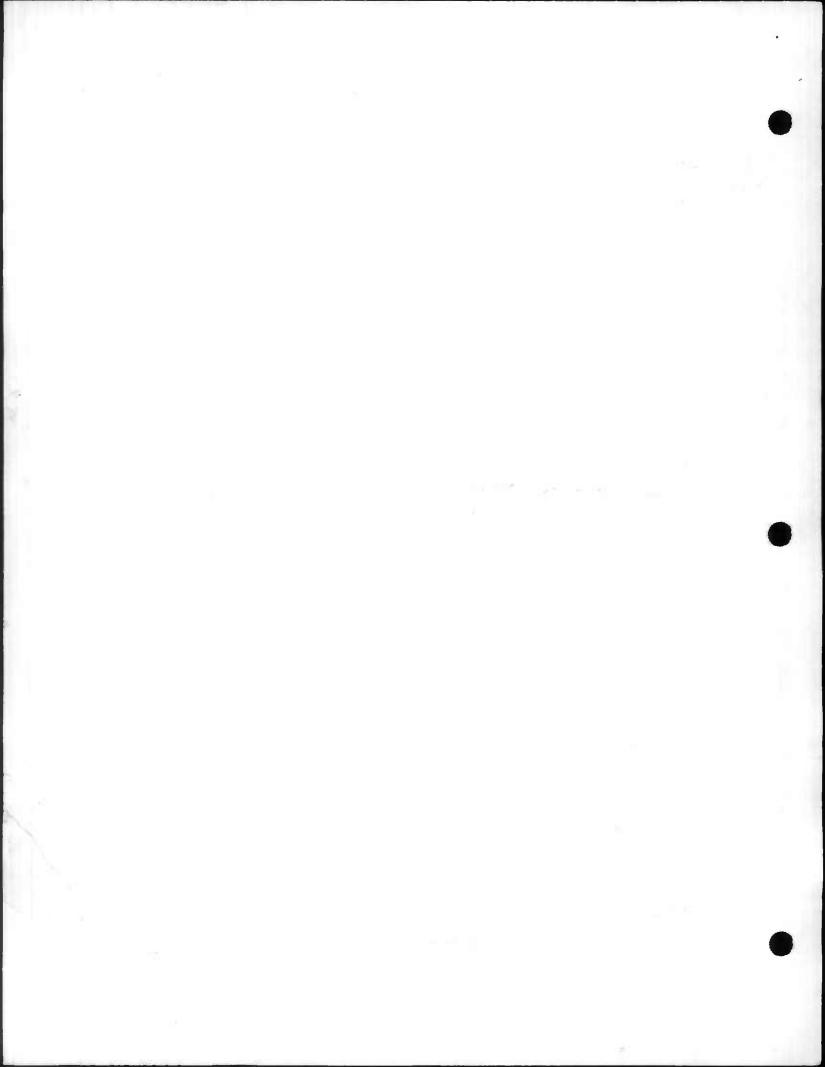
DAY

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

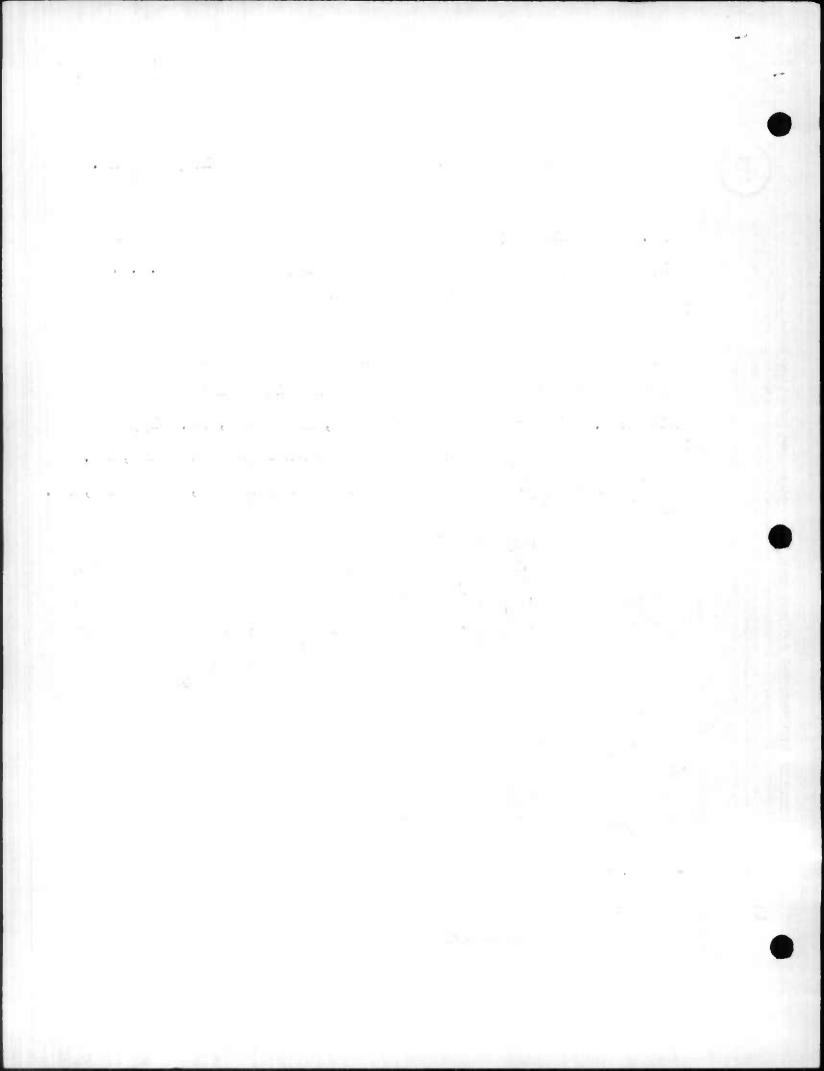
05378 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 ! 3. TIME OF OEATH 6 8. BIRTHPLACE (State or Foreign Country) 5/9/1900 maryland 9c. COUNTY OF OEATH ALLEGANY 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U S A 14. RACE — American Indien, Black, White, atc. Specify: WHITE BUSINESS/INDUSTRY ARMACEUTICAL len Sumame) DSON Town, State, Zip Code) AND, MD 21502 LOCATION -- City or Town, State ELLERSBURG, PA E HILL MORTUARY LAVALE, MD 21502 apiratory arrest, Approximata Interval Between **Onset and Death** days ears AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? FORMED? 2 NO 1 | YES 2 | NO W INJURY OCCURED set end Number or Rural Route Number, sete) manner as stated. 29d. DATE SIGNED (Month, Day, Year) 2 4/9

DHMH-18 Rev 1/89



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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The (aw requires that the death certificate be executed within 24 hours after death.) Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pare flue within 72 hours after death with the State Dect, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

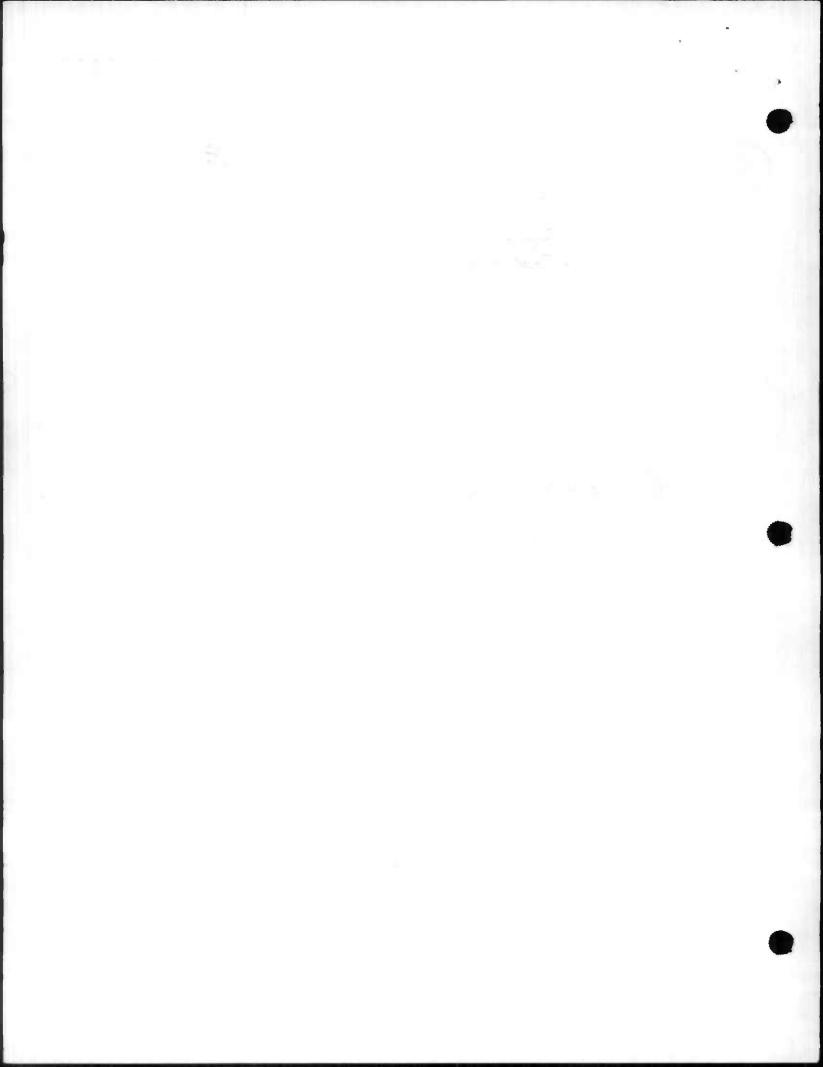
	1. DECEDENT'S NAME (First,	Middle, Last)		C	ERTIF	ICAT	T OF H			2. DATE C			550	3. TIME OF DEATH
	Milton	R. W	alters							02	01	WAA (91	11:00p M
	4. SOCIAL SECURITY NUMB 217 14 477	ER	5. SEX	6. AGE (In yrs. I		IF UNDE	DAYS	IF UNDER	MIN.	7. DATE O (Mogth, 04	7. DATE OF BIRTH (Month, Day, Veer) 04 15 1905		6. BIRTHPLACE (State or Foreign Country) Md •	
	9a. FACILITY NAME (If not in:	stitution, give s	street and number)			9b. CIT	Y, TOWN	OR LOCATE	ON OF D				NTY OF DE	
HOL	Frostburg		nity Hos	pital		Fr	ostb	urg,	Md	21532		A11	legar	ny
FUNERAL DIRECTOR	10e, STATE Md •	10b. COUNT			ros								10d. INSIDE CITY LIMITS? 12 YES 2 NO	
ا ز	10s. STREET AND NUMBER	n.	llegany			105		. ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?
	17 Fros	t Vi	llage		21532						U	S.A		
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	T EVER IN U.S. A	NO	13.	If yes, sp	ENDENT	OF HISPAI	NIC ORIGIN? an, Puarto Ri ly:			14. RACE	— American Indian, White, etc.		
	15. DEC	EDENT'S EDU	CATION	16a. [DECEDENT'S	USUAL C	CCUPATIO	ON	in a	16b.	KIND OF BU	ISINESS/INC	CUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 6	+)	Give kind of life. Do NOT u	and some		at or work	ng		Rail	road		
8	17. FATHER'S NAME (First, M	iddle, Last)				441164		18. MOT	HER'S NA	AME (First, M				
BEC	Richard	Walt	ers					Ma	hal	ia C	olem	an		
TO B	19a. INFORMANT'S NAME (7)	rpe/Print)		1	19b. MAILING	ADDRES	S (Street a	and Numbe	r or Rural	Route Number	er, City or Tox	vn, State, Zip	Code)	
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Milton E. Walters 5 Broadway. Frostburg. Md. 21532													
	20s. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State													
	4 Donation 6 Dother (Specify) Frostburg Memorial Park Frostburg Md. 21. SIGNAPPIRE PF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Durst Funeral Home, Frostbu											ourg, Md.		
	23. Patro 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Myocardial Infarction (OR AS A CONSEQUENCE OF):											Approximate Interval Between Onset and Death		
8	Sequentially list conditions, if any, leading to immediate DESCRIPTION OF ASSOCIATED TO CONSEQUENCE OF:										Years			
SATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events												Years	
CERTIFICATION	that initiated events resulting in death) LAS		d. Chror	to for as a consequence of: onic Obstructive Pulmonary Disease							Years			
PHYSICIAN: MEDICAL C	PART II. Other algnifica	nt condition	na contributing to	deeth but no	t reaulting	In the u	nderlyin	g cauae	given in	Part I.		RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Ž	25. WAS CASE REFERRED TO	O MEDICAL						LACE OF	DEATH (C	heck only one)			
S	EXAMINER?		HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHE		ne 5 🗆 R	asidence	6 🗆 Other	(Specify)			
PHY		Pending Investigation	26a. DATE Of (Month, I	F INJURY Day, Year)	28b. TII	ME OF	W	JURY AT ORK? YES 2	□ NO	28d. DES	CRIBE HOW	INJURY OC	CURED	
TED BY	3 Suicide 6	Could not be determined	28e. PLACE (building	OF INJURY — At , etc. (Specify)	home, farm,	street, fac	tory, offic	28		261. LOCA City o	TION (Street or Town, State	and Number	r or Rural F	loute Number,
COMPLET	onel .		ICIAN: To the best of) and manner as stated.
BE	296. SIGNATURE AND TITLE	nema	2 100						20073	MBER			Z 13	(Month, Day, Year)
٩	Dr. Mark Furman 48 Tarn Terrace, Frostburg, Md 21532													
- 1	DI. MAIN	ruring	311 40 10	trii leri	race,	I FU.	3 LDU	1991	Tu	TIOOL				



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24

	REGISTRAR		CENTIFICA	IL OF	DEATH	н	EG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)	, E.C. C.	0-0		0.1-	2. DATE OF I	DAY	YEAR 3. TIME OF DEATH		
1 1		LFE Gr			cse	7	10 41	/ "		
	4. SOCIAL SECURITY NUMBER 5. S. S. S. S. S. S. S. S. S. S. S. S. S.	EX 8. AGE (In) M 2 □ F 6.	rs. last birthday) IF L	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	(SMIN)	BIRTHPLACE (State or Foreign Country)		
	Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA									
DIRECTOR	GRENSER LAUREL BESTSVILLE HOSPER/ LAURES MED PE-									
2	10e. STATE 10b. COUNTY		10c, CITY, TO	WN DR LOCAT	ION			10d. INSIDE CITY		
	MD Anne Ar			ROL				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	10e. STREET AND NUMBER 338 ELL ERT	South	#	101	207	24	N OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1	MAS DECEDENT EVER IN UFORCES? 1 X YES FYES, GIVE WAR OR DATE WORLD WAR I	R IN U.S. ARMED 13. WAS DECENDENT OF HISPAI 15. WAS DECENDENT OF HISPAI 16. IT Yes, apoclfy Cuban, Maxica 1 Yes 2 NO Specify 1 The state of the stat			, Puerto Ricer		4. RACE — American Indian, Black, White, etc. Specify: White		
0	15. DECEDENT'S EDUCATION	V 10	Be. DECEDENT'S USU	AL OCCUPATION	ON .	16b. KIN	ID OF BUSINESS/INDUS	BTRY		
COMPLETED	(Specify only highest grade compliance (Specify only highest grade compliance (Specify Only) Coll (Specify	eted) lege (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	done during mo red.)	st of working					
15	Grade 8		Pipe Fitt	Oh		CA	A Komp Ma	nufacturing, C		
8	17. FATHER'S NAME (First, Middle, Last)		Trope Troot		18. MOTHER'S NAM			station of the state of the sta		
	Leffle Wolfe				Dora Ja					
8	19a. INFORMANT'S NAME (Type/Print)	N-charles	L	2702 (0)				Tr.		
2		·				-	City or Town, State, Zip C	*		
1	Mary T. Wolfe		338 Ell	erion	South, L	aurer	, Maryland			
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removel f	rom State 20b. P	LACE OF DISPOSITIO	N (Name of cer	metery, crematory or	0 10 . 1	20c. LOCATION CI	ty or Town, State		
	4 Donation 5 Other (Specify)	ј ма	rykana Na	tiona	c memoria	e Pari	Laurel,	Maryland		
	21. SIGNATURE OR FUNERAL SERVICE LICENSE) //			DADDRESS OF FAC		Home. P.A.			
	* Kle Witt Yesk	pulleys						Maryland 20707		
\Box	23. PART I. Enter the diseases, or comp	lications that caused t	ha daath. Do not a							
	ahock, or heart fallure. List o							Interval Between Onset and Death		
	iMMEDIATE CAUSE (Fins) disease or condition	17/10000	Donnie	dia	nime is	ntore	Nico.			
	reaulting in death)	Alleroja	ONSEQUENCE OF	-	y ce	The state of	Heren			
_	_	00E 10 (011 A0 A 0	ONSEGUENCE OF J.		V			j		
CERTIFICATION	Sequantially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):									
8	CAUSE (Disease or Injury									
티필티	that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):							
	resulting in dasth) LAST									
	PART ii. Other significant conditions con	ntributing to death but	not requiting in th	e underlyin	a cause alven in	Part i 24	e. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
(EDICAL	TAIT III OHAL SIGNIFICAN CONDITIONS CO.	thisating to death out	not readiting in a	a underlym	g cause given in	24	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ă						_ [1	YES 2 NO	DF DEATH?		
×					_N_	_		1 TYES 2 NO		
ä										
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	1 00	28. P	LACE OF OEATH (Che	ick only one)				
S	1 _ YES 2 _ NO _ 1 _	Inpatient 2 ER/Outpat			ne 5 🗆 Residence	6 🗆 Other (S)	oecify)			
PHYSICIAN	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		JURY AT	28d. DEŞCRI	BE HOW INJURY OCCU	JRED		
ВУ	Natural 5 Pending 2 Accident Investigation				YES 2 NO					
0	3 Suicide 6 Could not be	26s. PLACE OF INJURY - building, etc. (Specify		t, factory, offic	20	28f. LOCATIO	ON (Street and Number of bwn, State)	r Rural Route Number,		
臣	4 Homicide determined	and (open)	,			Ony of h	, otato)			
"	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the heat of my knowles	for death occurred at	the time date	and place, and due	to the counci	a) and manner as state	d		
COMPLETE	Condex Gray							cause(a) and manner as stated.		
8				4						
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	oh.	Deplace	9	29c. LICENSE NUM	IBER	29d. DATE	SIGNEO (Month, Day, Year)		
0	Kobel Eda	Elel und	med	El,			04	19/4/		
	30. NAME AND ADDRESS OF PERSON WHO CO									
1 1	GREATER LAGRE	2 8011	5 V146	17 05F						



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	0 7	0	Ž,
	MA	RA	F
	100	N.	ish.
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juurs after death. F	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely rifled in by the funeral	List intia Po hours about with the Chate Dane of Liesth and Montal Hullens Mint to hinds premaried or personal
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	r		CERTIFIC	ATE OF	DEATH	REG. NO.			
		MORY LEE WADE				rebruary		3. TIME OF DEATH 4:20 P	
)	4. SOCIAL SECURITY NUMBER 236-16-65/6	x M2 □ F 72	YRS. MO	HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	March 8, 1	918 Coupt		
TOR	St. Agnes Ho		96		imore Ci		9c. COUNTY OF D	PEATH	
DIRECTO	100. STATE 10b. COU			OWN OR LOCA	re City		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
AL	100. STREET AND NUMBER 4504 Frederick	Δνο			21229		10g. CITIZEN OF	WHAT COUNTRY?	
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF VES QIVE MAR DE DATES				IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No- 14. RAC Blac Spec	E — American Indian, k, White, sic. My: White	
PLETED	15. DECEDENT'S E (Specify only highest gr Elementery/Secondary (0-12)		s usual occupation work done during most of working use retired.) Taylor Manor Hosp						
E COMPL	17. FATHER'S NAME (First, Middle, Last) A.C. WAde				16. MOTHER'S NAI	ME (First, Middle, Maiden :	Surneme)		
TO B	100 INFORMANT'S NAME (Insaferior)								
	20e. METHOD OF DISPOSITION 1	Ramoval from State	b. PLACE OF DISPOSITION of the place) Glen Hav	en Cem	etery			A.A.CO Md	
	23. PART I. Enter the decases, shock, or heart fellu		d the death. Do not	411	2 01d Col	Lumbia Pik	eellicot	t City Approximate	
	IMMEDIATE CAUSE (Finel disease or condition	of a the			1 . 11			Onset and E	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF): A CONSEQUENCE OF):	eag ente	dial.	julia	el Lugdijes	ue .	
N: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	d		the underlying	dul du d	Part I. 24a. WAS AN PERFOR	MED?	WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
SICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are also as a sequence of the conditions of the cause of t	itions contributing to death by HOSPITAL: 1 REPOUT	but not resulting in	26. P	g cause given in	PERFOR	MED?	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL	
TED BY PHYSICIAN: MEDICAL CERTIFI	resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are also as a condition of the condition of the condition of the condition of the cause o	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, stc. (Soe	patient 3 DOA 4	26. P THER: Nursing Hor V Y M 1	LACE OF DEATH (Che	PERFOR	NJURY OCCURED	D. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other algnificant conditions reaulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 8 Pending Investigate 1 Could not determined.	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) ion 28e. PLACE OF INJURY building, atc. (Spe	patient 3 DOA 4 28b. TIME C INJUR Y — At home, ferm, atre	26. POTHER: Nursing Hor Nursing Hor NY M 1 net, factory, office	LACE OF DEATH (Chr. 5 Residence JURY AT JES 2 NO	PERFOR 1 YES 2 6 Other (Specify) 26d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(s) and mer time, datu and place, an	NJURY OCCURED and Number or Rural anner ea stated, ad due to the cause	D. WERE AUTOPSY FINE ANAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO	
ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and investigate and investig	HOSPITAL: 1 Inpettent 2 ER/Out (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 48e. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 4 28b. TIME C INJUR Y — At home, ferm, atre	26. POTHER: Nursing Hor Nursing Hor 28c. IN. Y M 1 interpretation of the second of th	LACE OF DEATH (Chene 5 Residence JURY AT YES 2 NO NO a and place, and due death occured at the	PERFOR 1 YES 2 6 Other (Specify) 26d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(s) and mer time, datu and place, an	NJURY OCCURED and Number or Rural anner ea stated, ad due to the cause	D. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO Route Number,	

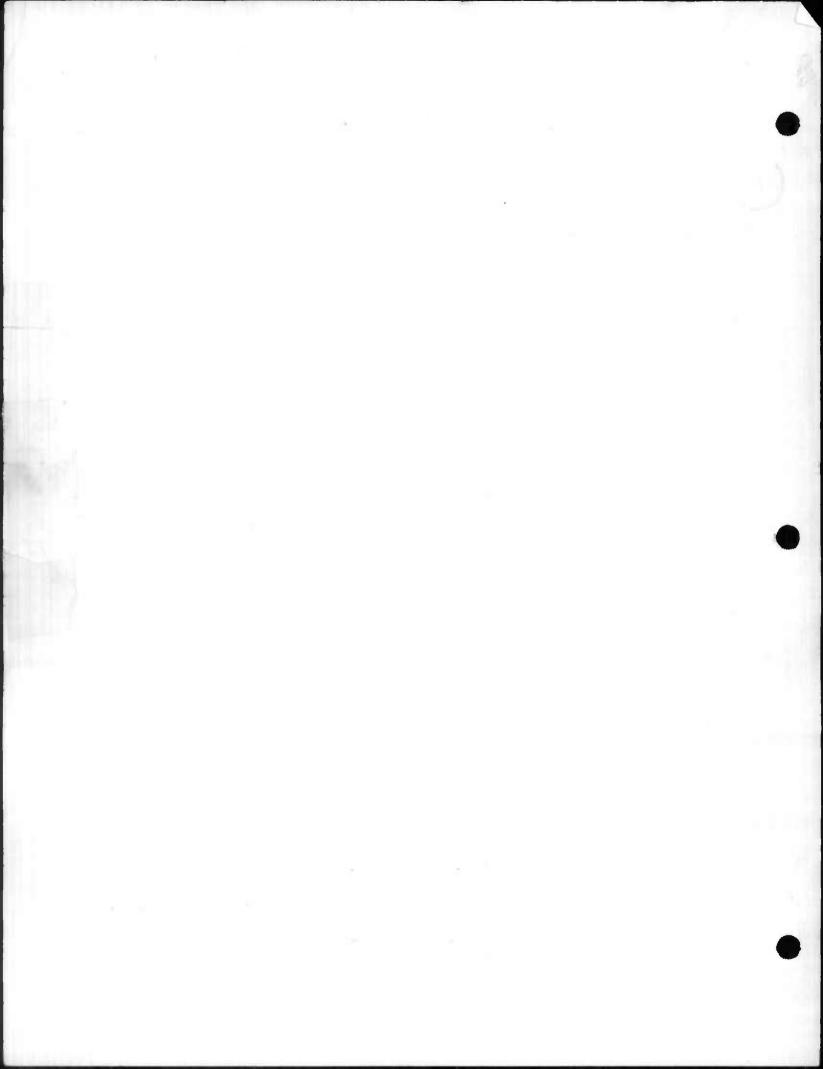
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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	THE FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental hygiene pilot to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.
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31. DATE FILED (MONTH), DICK MAY) 2-11-FED/14'9

							9	1 00002
	FOR 1 _ STATE	STATE OF MARY	LAND / DEPAR	TMENT OF H	EALTH AND N	IENTAL HYGIEN	E	
	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Wrights	m Wille	y, Jr.		2. DATE OF DEATH	NY.	YEAR 3. TIME OF DEATH
	Wrightson	WITTE	ار ا			02 11		91 0450 AM
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
	214-32-0466	1 N 2 D F	56 YRS.			07-26-19		Maryland
~	9a. FACILITY NAME (If not institution, give at			9b. CITY, TOWN OR LOCATION OF DEATH				ITY OF OEATH
ဦး	Dorchester Gene	ral Hospi	tal	Cambridge			Dor	chester
ទួ	10a. STATE 10b. COUNTY	,	10c. CIT	CITY, TOWN OR LOCATION				10d. INSIDE CITY
DIRECTOR	Maryland Doro	chester	Car	mbridge				LIMITS?
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
FUNERAL	5517 Bonnie Br	cook Road			21613			USA
3	11. MARITAL STATUS	12. WAS DECEDENT EVER				IC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.
BY F	1 Never Married 25 Married	FORCES? 1 E YES	DATES		2 NO Specify:			Specify: White
	3 Widowed 4 Divorced	1954-19			Λ			
COMPLETED	15. DECEDENT'S EDUK (Specify only highest grade		16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION work done during mo	IN at of working	16b. KIND OF BUS	SINESS/IND	USTRY
١٣	Elementary/Secondary (0-12)	College (1-4 or 5 +)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ള	12 years 17. FATHER'S NAME (First, Middle, Lest)		Materia	als man		Electr		s Mfq.
		l1ey			Grace	,,	Surname)	
띪	19a. INFORMANT'S NAME (Type/Print)	rey	10h MAII IMG	ADDRESS /Street of		Elzey Oute Number, City or Tow	n Ctata 7in	Codel
임	Jamie Brown Wil	1107		ALC: 10 THE 1 TO SEE				
	20g, METHOD OF DISPOSITION		0b. PLACE OF DISPOS					qe, Md. 21613
	1 XBurial 2 Cremation 3 Rem	oval from State	other place)	Churc		Chu	rch	Creek, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FAC		1011	CICCAT HG.
	D & 0 . TI	0 11	9.			neral Ho		
	23. PART I. Enter the diseases, or o	complications that caus	ed the death. Do r	not enter the mo	de of dylna, such	St. Camb	iratory srr	rest. Approximete
	shock, or heert failure.	List only one cause on	esch line.Hep	atitis	and Rer	nal/Fairlu	ire	Intervel Between Onset and Death
	disease or condition	Wood	hic an	nd Kencl Vailure 10				10000
	resulting in death)	DUN TO (OR AS	A CONSEQUENCE O		Laenz	xec's Cin	ros	is Chay
_		Laen	11 p. 80 !	P (14110	MIS		1/4991
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):				
გ	cause. Enter UNDERLYING CAUSE (Disease or injury	с						
띹	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				
H	resulting in death) EAST	d						
اد	PART II. Other significant condition	a contributing to death	but not resulting	in the underlyin	g cause given in			
<u>র</u>						PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
입							90.0	OF DEATH?
PHYSICIAN: MEDICA								
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TATION IN THE			ACE OF DEATH (Che	ock only one)		
Sign	1 WES 2 DO	HOSPITAL: 1 (Vinpatient 2 - ER/O	utpatient 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	6 Other (Specify)		
Ě	27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Year			URY AT	26d. DESCRIBE HOW	INJURY OC	CURED
BY	1 Xilatural 5 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide s Could not be	28e. PLACE OF INJU- building, etc. (S)	RY — At home, farm, pecify)	street, factory, offic	•	281. LOCATION (Street City or Town, State		or Rural Route Number,
	4 Homicide determined							
COMPLETED	one)	ICIAN: To the best of my kno						
Š	MEDICAL EXAMINE	A: On the basis of examine	tion end/or investigation	on, in my opinion, o	leath occured at the	time, data and place, a	nd due to th	he ceuse(e) and manner ee stated.
BEC	296. SIGNATURE AND TITLE OF CENTURE	hopert	W. Olwir	g Jr.	29c. LICENSE NUN	AMER	294. DAT	E SIGNED (More). Day: West)
10 B	/ May 14	MALIN	In in	10			- 2	711/11
-	TO MAKE AND ADDRESS OF PERSON WIT	O COMPLETED MUSE OF	DENTH (ITEM 27) CHON	- 16	Aurora	Sty., Camb	ryid	9,5D. 21613
	10 Murara	4	come	uace	2 100	d	16	13

32. REGISTRAR'S DIGNATURE Junion Panales



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

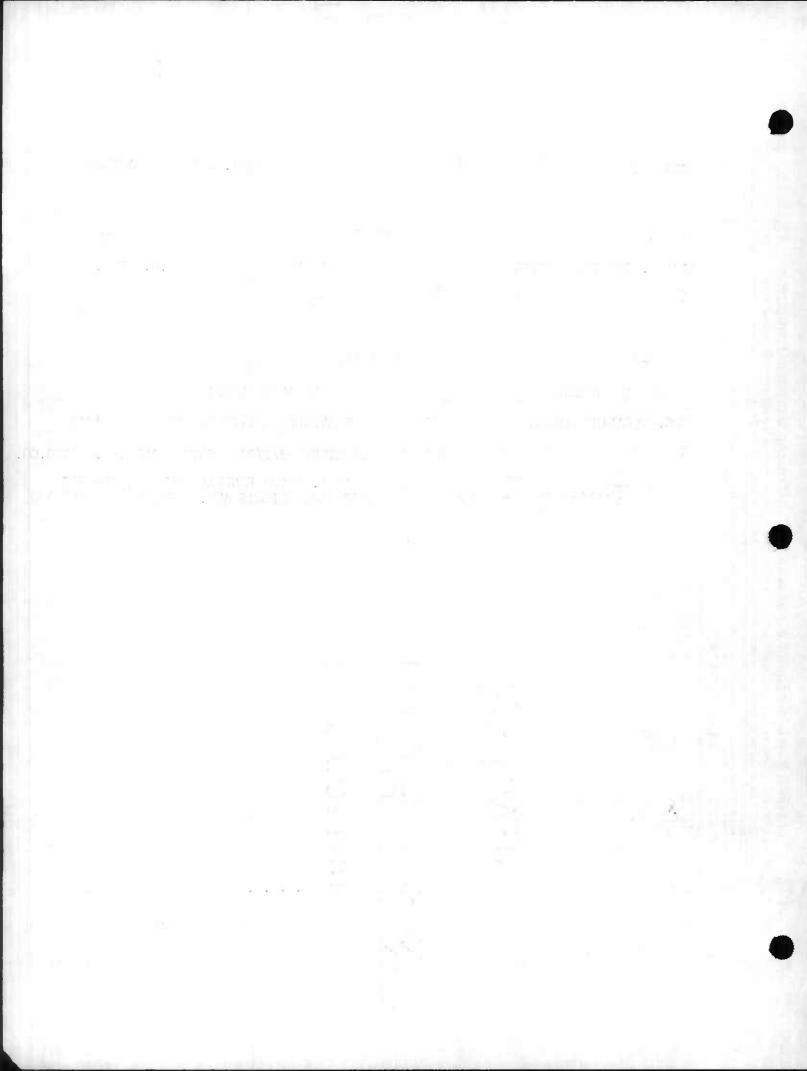
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

AcdioTriAn				-1 (1 (1	DAIL	<u> </u>	DLA		ned.	NO.			
1. DECEDENT'S NAME (First,	Middle, Last)				D. 107 T				2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH 2:38 AM	
ANGELO					RNOLI				02	23	91		
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. last		IF UNDER 1	YEAR DAYS	HOURS	MIN.	7. OATE OF BIRTH (Month, Day, Yes	1 0r)	6. BIRTHP Country	PLACE (State or Foreign	
220 82 36	89	1 🕅 M 2 🗆 F	21	YRS.	monthie	D-110	noons		SEPT. 5	, 1969	MAR	YLAND	
Se. FACILITY NAME (If not in		treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						ATH		
***********	TOODIE				BALTIMORE CITY								
UNIVERSITY RESIDENCE OF DEC	HUSPII	AL			DAL.	LIM	UKE (OTII			_		
10a. STATE	10b. COUNTY	1		10c. CITY	Y, TOWN OF	LOCAT	ION				I	10d. INSIDE CITY	
MARYLAND				BALT	ALTIMORE							LIMITS?	
				D. (2)									
104. STREET AND NUMBER	IVET ON I				101. ZIP CODE						HAT COUNTRY?		
1143 N. STOC	KTON S	STREET					2121	/		υ.	S. OF	Α.	
11. MARITAL STATUS		12. WAS DECEDER	IT EVER IN U.S. ARI	MED					IIC ORIGIN? (Specif		14. RACE	- American Indian,	
	1 Never Married 2 Married FORCES? 1 YES 2							an, Mexica Specify	n, Puerto Rican, etc	2.)	Specify	White, atc.	
3 Widowed 4 Divo	rced		Will Oll Dill Ed				I Divo	Оросиј			Gp-cii)	BLACK	
15. DEC (Specify on) Elementary/Secondary (0 0 - 10 17. FATHER'S NAME (First, M	EDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OC	CUPATION	ON		16b, KIND O	F BUSINESS/II	NDUSTRY		
	highest grade		(G/		vork done du			ing					
Elementary/Secondary (0	-12)	College (1-4 or 5	+)			VED							
0-10				UNE	EMP LO	YED							
17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Mi	alden Sumame)		
BERNARD	ARNOLI	D					VE	RALI	NE CORBI	N			
19a. INFORMANT'S NAME (7	ype/Print)		198	. MAILING	ADDRESS	(Street	nd Numbe	r or Rural I	Route Number, City o	r Town, State, 2	Zip Code)		
MRS. VERALI	NE HOI	LDEN	4	709 T	VANH	OF	AVEN	UE	BALTIMOR	E. MAR	YLAND	21212	
20e. METHOD OF DISPOSIT						_		02					
1 Duriel 2 Cremetic		oval from State	20b. PLACE					- /	1	c. LOCATION -			
4 Donation 5 Other			WESTE	KN SI						ATONS	TLLE,	MD. BALTO.	
21. SIGNATURE OF FUNE	SERVICE LIC	CENSEE	71					SS OF FA			010	15 (505	
1 = 10	vis	11	4	. ,					N FUNERA				
23. PART I. Enter the d shock, or h		V 2	wyn	w					GHTS AVE			E, MARYLAN	
disease or condition s. GUNSHOT WOUND OF HEAD OUE TO (OR AS A CONSEQUENCE OF):													
if sny, leeding to imme	Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING												
that initiated events resulting in deeth) LAS		DUE TO	(OR AS A CONSEC	GUENCE OF	F):								
											-		
PART II. Other significa	nt condition	a contributing to	death but not r	esulting i	in the unc	derlyin	g ceuse	given In		AS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDING: AVAILABLE PRIOR TO	
									154	ES 2 NO		COMPLETION OF CAUSE OF DEATH?	
												1 DES 2 NO	
									_				
25. WAS CASE REFERRED T	O MEDICAL												
EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		LACE OF	DEATH (Ch	eck only one)				
1 X YES 2 NO			□ FR/Outpatient 3	□ DOA			ne 5 🗆 R	lesidence	6 Other (Specif)	1)			
27. MANNER OF DEATH		28s. DATE O	F INJURY Day, Year)	28b. TIM	IE OF	26c. IN.	JURY AT ORK?		28d. DEŞCRIBE I	HOW INJURY O	OCCURED		
	Pending Investigation	02/2		1:35	8.4		YES 2	□ No	SUBJEC	т спол	r		
2 C Accident		26e. PLACE	OF INJURY - At ho		744	ory, offic	en .		261, LOCATION (S	Street and Numi		oute Number,	
4 K Homicide	Could not be determined	bullding	, atc. (Specify)			-			City or Town,	State)			
7		STRE	51				_		1300 ъ1	ock of	Rigg	s Avenue	
TOTAL OTTY		ICIAN: To the best of										and menner as stated.	
296-SIGNATURE AND TITLE	OF CENTINE	я			- 0		29c. LIC	CENSE NU	MBER	29d. D	ATE SIGNED	(Month, Day, Year)	
MALMIE	melly	ul					_		17	•			
M NAME AND ADDRESS O	E DEDGON AN	O COMPLETED CO	IGE OF DEATH AT-	M 27 (T-	Delet		0	.C.M	E		02/23	/91	
1 0 . 0		WRELL	LA N	m 21) (1ype,	, PTITE)								
MALYISMIN	2 17.1	WHE CL	V		1	11	PENN	STR	EET BALT	IMORE.	MARYI	AND 21201	
31. DATE FILED (Month, Day,	Year)		AR'S SIGNATURE						,				
MAR	1 1 190	11 deli	· Davidson	Randa	22								

OHMH-16 Rev 1/89



TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

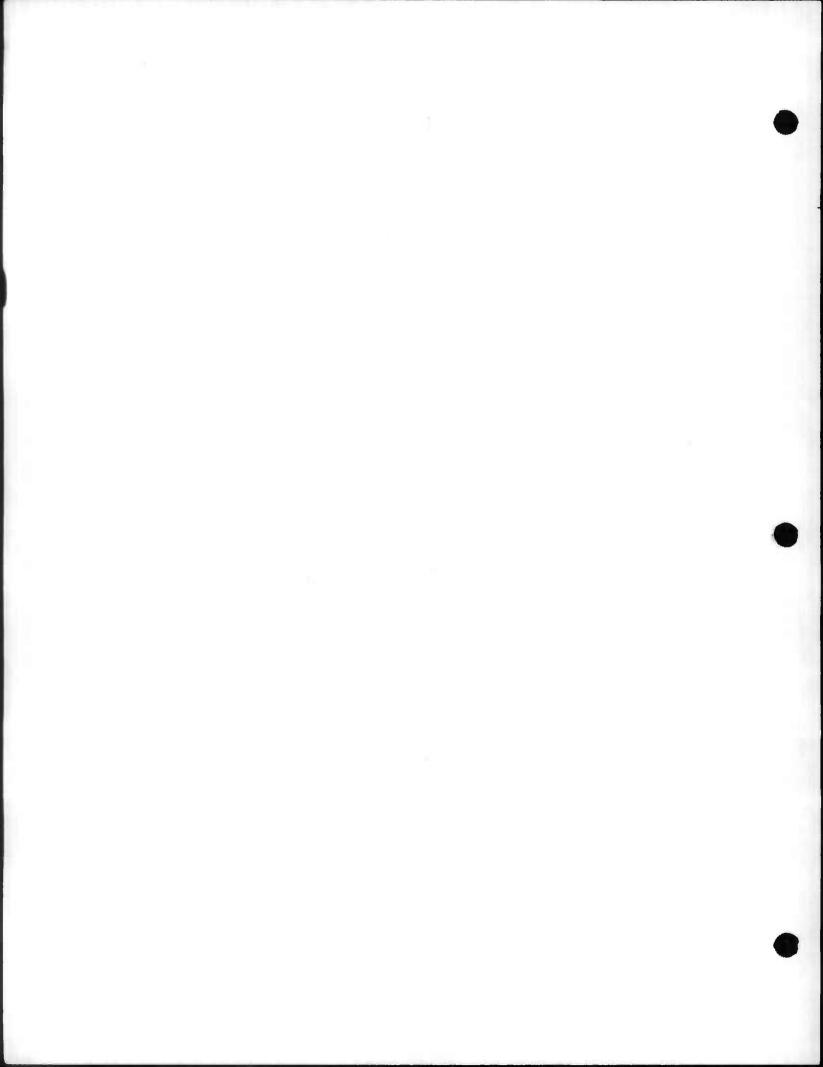
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

-	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH SOUTH OF DEATH YEAR 3. TIME OF DEATH											
,	Jesse Andrews	a a6 91 6:52 a m											
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) S. BIRTHPLACE (State or Foreign Country)											
	243-18-0429 1XM 2 DF 74 YRS. MONTHS DAYS HOURS MIN.	1-12-17 N.C.											
	9a. FACILITY NAME (If not institution, give street and number). 9b. CITY, TOWN OR LOCATION OF DE	ATH 9c. COUNTY OF DEATH											
DIRECTOR	Loch Raven VA Medical Center BALTIMORE												
ည် မ	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY											
<u>ا</u>	MD Baltimore	LIMITS?											
	10e. STREET AND NUMBER 101, ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?											
FUNERAL	1010 W. Baltimore St 2/2:	23 4.5A											
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN FORCES? 1 X YES 2 NO If yes, specify Cuban, Mexica	HC ORIGIN? (Specify Yee or No											
BY	1 Never Merried 2 Merried S Widowed 4 Divorced FORCES? 1 YES 2 NO If yes, specify Cuban, Mexica 1 YES 2 NO Specify Cuban, Mexica 1 YES 2 NO Specify Cuban, Mexica 1 YES 2 NO Specify Cuban, Mexica 1 YES 2 NO Specify Cuban, Mexica 1 YES 2 NO Specify Cuban, Mexica 1 YES 2 NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO NO Specify Cuban, Mexica 1 YES 2 NO Specify Cuban	.,											
9	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDUSTRY											
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)												
2	Control (Page Co												
COMPLET	17. FATHER'S NAME (First, Middle, Legt) 18. MOTHER'S NA	ME (First, Middle, Maiden Sumame)											
BE (Windson Hindrews Higher	o West											
2	190. INFORMANT'S NAME (Type/Print) 190. MARLING ADDRESS (Street and Number or Rural Poule Number, City or Town, State, Zip Code) 4/05 North K. Ave. Batto, M. 21216												
	20e_METHOD OF DISPOSITION 1	20c LOCATION — City or Town, State											
- 1	1 Danetion 5 Other (Specify) Garnson FURES (1el Wirgs Milkery											
- 1	21. SIGNATURE OF FUNERIAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FA	CILITY											
	· y offin (han) many situ	abash Due											
	23. PART i. Entar tha diseases, or complications that caused the death. Do not enter the mode of dying, suc												
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final	Interval Between Onset and Daath											
	disease or condition the state of the state												
H	reaulting in death) a. CONSEQUENCE OF):												
_	in Lever well unocardial in faretion 7 days												
2	Sequantially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
8 I	cause, Enter UNDERLYING	He years											
	CAUSE (Disease or injury that initiated events												
CERTIFICATION	reaulting in death) LAST												
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
MEDICAL	Colon carcinoma	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE											
<u>ה</u>	- Copo de Carrato inte	1 YES 2 NO DF DEATH?											
		1 YES 2 NO											
ŽΙ	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (CF												
ᅙ	EXAMINER? HOSPITAL: OTHER:												
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DE\$CRIBE HOW INJURY OCCURED											
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO												
BY	2 Accident Investigation 28e PLACE DE INJURY — At home farm street factory office	28f. LOCATION (Street and Number or Rural Route Number,											
	3 Suicide 6 Could not be building, etc. (Specify) 4 Homicide determined	City or Town, State)											
9	29e. CERTIFIER												
COMPLETED	Check only One) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and dur												
ତ୍ର													
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MBER 29d. DATE SIGNED (Month, Day, Year)											
2	Edward (2006ans) My	1216-11											
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)	contal Zalthune 10 21m											
	among parvais, or university me to	Spital Sceltimere, MD 2122											
	MAR 0 1 1991 Funda Jaydson-Randell												
	min at 1991 Inhammingar-Value	DHMM-16 Rev 1/89											
		DMMH-16 Rev 1/89											





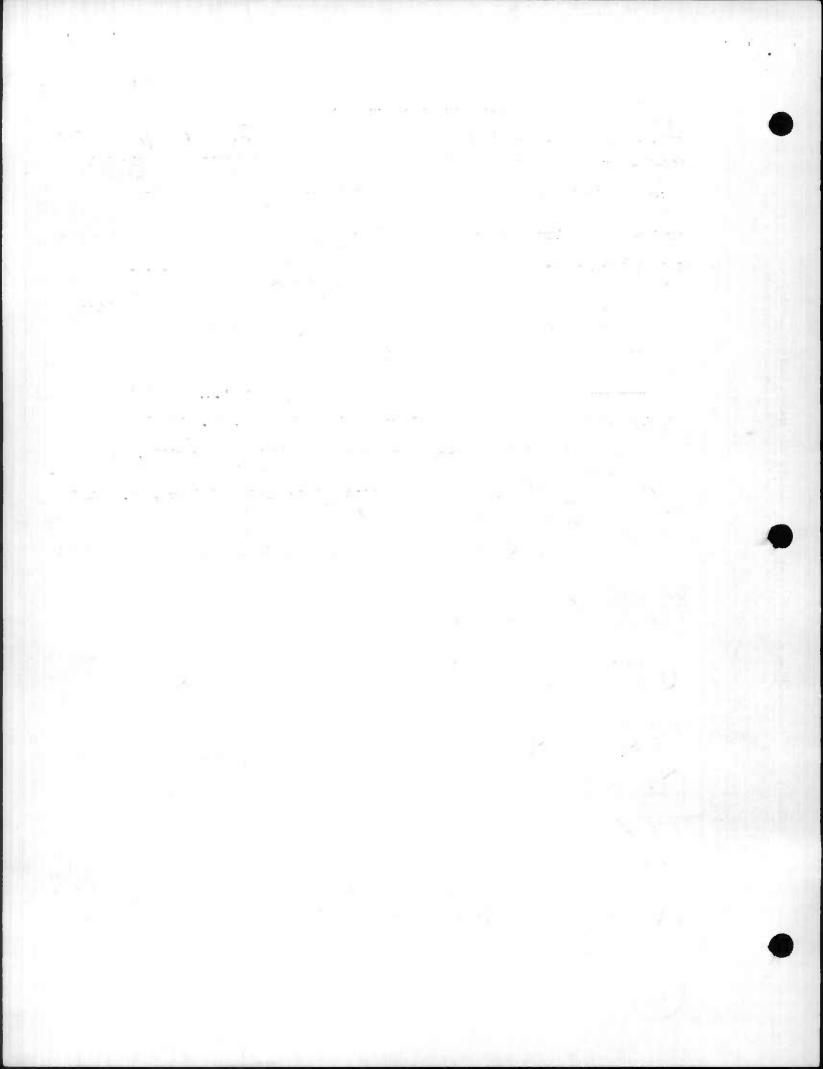
BALTIMORE, MARYLAND 21203-3146

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerous after death.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral
PH	r this
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ATTEN	RECTOR
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HOSPITA	FUNERAL
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		FOR STATE REGISTRAR		STATE OF N			ITMENT 0			REG. NO.	E ~	. 00000
	,	1. DECEDENT'S NAME (First,		Jeyc	e Caro	line	Barter	felde	r	2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF		3. TIME OF DEATH
		4. SOCIAL SECURITY NUMB 182 22 4667	ER 5.	SEX	8. AGE (In yrs. les		IF UNDER 1 YE	AR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
3 should	1	9a. FACILITY NAME (If not in:			01	YRS.	9b. CITY, TO	WN OR LOCA	TION OF DEA		9c. COUNTY	iglerville, Ps
Νi	FUNERAL DIRECTOR	1851 Cape				Essex Baltimore Ce						
physician. burial-transit permit. Pages 1,		10a. STATE	10b. COUNTY	timore		10c. CIT	Y, TOWN OR L					10d. INSIDE CITY LIMITS?
permit.		10e. STREET AND NUMBER						10f, ZIP CC	OE		10g. CITIZEN	1 YES 2200NO
cian. -transit		1851 Cap			T EVER IN U.S. AF	RMED	13, WAS		21221	C ORIGIN? (Specify Yas	or No.— 14.	RACE — American Indian,
ending physical as the burial	BY FL	1 Never Married 2 2 3 Divo	Merried		YES 2		If ye	s, specify Cu		Puerto Rican, etc.)		Black, White, atc. Specify: White
use as	ETED		EDENT'S EDUCAT		(6	CEDENT'S	USUAL OCCU	PATION og most of wo	rking	16b. KIND OF BU	SINESS/INDUST	FRY
the hospital o detached for once.	COMPLE	Elementary/Secondary (0	-12)	college (1-4 or 5 +	•)		sewife			На	me	
by the hos be detach at once.	ш	17. FATHER'S NAME (First, Mi		ard Na	ile					E (First, Middle, Malden Ann Ha	Surneme) rsberg	er
5 should notified	TO B	19a, INFORMANT'S NAME (7) William F.		felder,			ADDRESS (S			Balto.		
ay be	1	20a METHOD OF DISPOSITI	n 3 🗌 Remove	from State	20b. PLACE	OF DISPO	sition (Nome	of cemetery, c		20c. LO		or Town, State
death. Page 6 m s funeral director, J.		21. SIGNATURE OF FUNERAL				,			RESS OF FAC	uneral Ho		
ins after death in by the fune removal.		James	In	-	fuch		14	07 Ea:	stern	Ave. Bal	to. Md	
filled tion, o		23. PART I. Enter the di ahook, or h IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart feilure. Lie	ARTER	ise on each line	.om	c Coa			ts with	^	Interval Batwean Onset and Death
that the death certificate be executed within oid by the attending physician and compietely hard Merital Hyglene prior to bunal, cremainy injury, or other traumatic event,	CERTIFICATION	Sequentially list condition of the sequential of the sequence	NG ry c		(OR AS A CONSE							
the death cy the attendi d Mental Hy Injury, or	CER	resulting in deeth) LAS	d									
v requires that the been signed by the t. of Health and M shows any Inju	I: MEDICAL	PART II. Other aignifice	nt conditions o	ontributing to	deeth but not	resulting	in the unde	rlying caue	e given in I	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY PINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
: The landate has tate Dep	ICIA	25. WAS CASE REFERRED TO EXAMINER?	H	IOSPITAL:			OTHER:	28. PLACE OF	DEATH (Che	ck only one)		
HYSICIAN his certific with the S	PHYSICIAN:	1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5	Pending	28e. DATE OF (Month, D		28b. TII	JURY	c. INJURY AT		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED
TTENDING P TOR: After t after death 28 is mar	TED BY	2 Accident 3 Suicide 6	investigation Could not be determined	26e. PLACE C building.	FINJURY — At hetc. (Specify)	ome, ferm,		office	i □ NO	281. LOCATION (Street City or Town, State		Rural Route Number,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been signs be filed within 72 hours after death with the State Dept. of Healt MPORTANT: If Ilam 28 is marked, or Ilem 23 shows a	COMPLET	cond only		_						to the ceuse(s) end me		ause(s) and manner ea stated.
TO THE HE TO THE FL Be filed wi	TO BE	MONATURE AND TITLE	C 21 W	ASST DE	Puty m	eo e	MmINI		1291	en	29d. DATE 8	IGNED (Month, Day, Year)
n	F		HOFF,	mo c		<200		SQU	ME	PR. BP	12TO. (no 21137
10		31. DATE FILEO (Month, Day, MAR 0	1 1991	32 HEGISTR	ALE FEBRUARY	will was						

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 8 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AIG	TO THE HOSPITAL OR	TO THE FUNERAL DIRE be filed within 72 hours	IMPORTANT: If Item

	1 - STATE REGISTRAR	STATE OF MARYL		ICATE OF		MENTAL HYGIENE REG. NO.	9	05386
	1. DECEDENT'S NAME (First, Middle, Last)	1	Elizabet			2. DATE OF DEATH MONTH DAY	· ·	3. TIME OF DEATH
	Tris E. I	Scoun				2 2=	7 0	11 10:40P H
	- Southerston Street - 11	SEX 6. AGE (In yrs. lest birthday) 77 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03/20/13		BIRTHPLACE (State or Foreign Country)
	224-14-0247 1 Se. FACILITY NAME (If not institution, give street	****	// 1113.	SP CITY TOWN	OR LOCATION OF D		9c. COUNTY	Virginia
NO.	Mercy Hospital			Balti			Cit	
CI	RESIDENCE OF DECEDENT						- Can	
DIRECTOR	Maryland Cit			Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland Cit	<u>Y</u>	Ba	ltimore	f. ZIP CODE		40- CITIZEI	12 YES 2 NO
RA	3323 Elmley Avenue				21213		U.S.	
N		. WAS DECEDENT EVER II	N U.S. ARMED		CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		. RACE — American Indian, Black, White, etc.
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuben, Mexica 2 NO Specifi	in, Puerto Ricen, etc.) y:		Specify: White
	16. DECEDENT'S EDUCATI	ION	te- DECEDENTE	USUAL OCCUPATI	201		1	
ETE	(Specify only highest grade con	npleted)		work done during m		16b. KIND OF BUSI	NESS/INDUS	TRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	House	wife		Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden S	umame)	
BE C		Lé	awrence			R.W.	Mi	lls
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town,		
-	Regina Lynch					deen, MD.		
	28a. METHOD OF DISPOSITION 1	from State	other place)		metery, cremetory or			y or Town, State
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		arkwood	Cemetery	03/04/	91 Park	ville	, MD
	Martin James	0 10		a. Name	NO ADDRESS OF FA	Dippel B	unera	al Home, Inc.
		17 .0		7110	Belair R	oad Baltin	nore,	MD. 21206
	23. PART i. Enter the diseases, or com ahock, or heart failure. List	plications that caused t only one cause on e	ach line.	not enter the m	ode of dying, suc	h ae cerdiec or respin	atory arres	interval Between
	IMMEDIATE CAUSE (Fine)	Cama	1.1.	/	2.1.1.	2		Onset and Death
	resulting in death) a	Severe DUE TO (OR AS A	CONSEQUENCE	VALY 17	MISIT	UI seas	2	years
z								
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE C	NF):				
3	cause. Enter UNDERLYING CAUSE (Disease or injury							
E	that initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE C	NF):				
CERTIFICATION	d							
CAL	PART II. Other eignificant conditions c		out not resulting	in the underlying	g cause given in	Part 1. 24s. WAS AN A		24b. WERE AUTOPSY FINDINGS
	Unstable Ar	agina				1 _ YES 2	No	COMPLETION OF CAUSE OF DEATH?
M						_		1 TES 2 NO
N.								
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	-00.00	OTHER:	LACE OF DEATH (C)			
HYSICIAN:		Inpatient 2 ER/Outp		OTHER: 4 Nursing Hor	ne 6 🗆 Residence	6 Other (Specify)	HIEV OCCIN	oen.
PHYSICIAN: MED	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Netural 5 Pending		26b. TII	OTHER: 4 Nursing Holder 4 OF 26c, IN JURY	ne 6 Pesidence		JURY OCCUI	RED
B∡	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a, DATE OF INJURY (Month, Dey, Year) 28a, PLACE OF INJURY	28b. Till IN	OTHER: 4 □ Nursing Hot ME OF JURY M 1 □	ne 6 Residence JURY AT DRK? YES 2 NO	6 Other (Specify) 28d, DESCRIBE HOW IN 281, LOCATION (Street at		
B∡	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	28b. Till IN	OTHER: 4 □ Nursing Hot ME OF JURY M 1 □	ne 6 Residence JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW IN		
B∡	EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH Matural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER CERTIFICATION PROPERTIES	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Spec	Zeb. Till IN	OTHER: 4 Nursing Hot AE OF 28c. IN JURY M 1 street, factory, offi	Ne 6 Residence JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW IN 28f. LOCATION (Street ar City or Town, State)	od Number or	Rural Route Number,
B∡	EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Spec	28b. Till IN / — Al home, farm, cily)	OTHER: 4 Nursing Hot 4 Nursing Hot JURY M 1 street, factory, offi	ne 6 Residence JURY AT JURY YES 2 NO ce	28d. DESCRIBE HOW IN 28d. LOCATION (Street ar City or Town, State) to the cause(e) and mane	od Number or	Rural Route Number,
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BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 29b. SIGNATUSE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the best of my known on the basis of examination	28b. Till IN Tonne, farm, city) redge, deeth occur in and/or investigati But in the company of	OTHER: 4 Nursing Hot 4 Nursing Hot 4 Part 4 Nursing Hot W 1 Street, factory, offi red at the time, dat on, in my opinion, Part Part Part 4 Nursing Hot W 1 1 1 1 1 1 1 1 1 1	ne 6 Residence JURY AT DIK? YES 2 NO The send place, and dudenth occurred at the	6 Other (Specify) 28d. DE\$CRIBE HOW IN 28f. LOCATION (Street er City or Town, State) to the cause(e) and mane time, date and place, and	od Number or ner as stated.	Rural Route Number,



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HC	INNS OF				90. 0		LTIMORE			SC. COUNTY	OF DEATN	
CTC	RESIDENCE OF	DECEDENT										
DIRECTOR	MARYLAND	10b. COUN	BALTIMORE		10c. CITY, TOY	WN OR LOCATION BALTIM					- 200	INSIDE CITY LIMITS? YES 2 X
AL (10e. STREET AND NUME			-			P CODE			10g. CITIZEN		
E.	8115 STRE	EAMWOOD	DR.				2120	8			USA	
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4		12. WAS DECEOENT E FORCES? 1 IF YES, GIVE WAR	YES 2		if yes, specif	DENT OF HISPAN by Cuban, Mexice XiO Specify	n, Puerto Rica	Specify Yee o	or No— 14.	Black, Whi Specify:	mericen indi
Œ	15. (Specify	DECEDENT'S ED	DUCATION de completed)	16a.	DECEDENT'S USUA (Give kind of work di life. Do NOT use retin	AL OCCUPATION lone during most of	of working	16b. KI	ND OF BUSI	NESS/INDUS	TRY	
LET	Elementary/Seconda		College (1-4 or 5+)						* **			
COMPLI	6	ne Addedate A cont			HOUSEV					HOME		
	17. FATHER'S NAME (First ROBERT WE		L.EEK			16	B. MOTHER'S NA			1000		
BE	19a, INFORMANT'S NAM		الماوات		19b. MAILING AODI	RESS (Street and		ARA W]			rdn)	
5	JOSEPH GU		ON			STMINST				i, NJ		3
	20a. METHOD OF DISPO	DSITION		20b. PLA	CE AND DATE OF	OISPOSITION (Na		DATE	_	ATION City		
	1 X Burial 2 Crem 4 Donation 5/0 0		moval from State	OHEE	SHALOM	her place)		7/91		TIMOR		
	21. SIGNATURE OF FUN	IERAL SERVICE	LICENSEE A AA	1772		22. NAME AND	ADDRESS OF FA	CILITY				
	- August	ile L	Atelle	uen			LEVINSO EISTERS				ממס!	MD 2
NC	iMMEDIATE CAUSE disease or condition resulting in death)	or feart fallure	s. DUE TO (O	R AS A CON	IIINO.	Inter the mode			0		- 1	Interval B
IFICATION	iMMEDIATE CAUSE disease or condition resulting in death) Sequentlelly liet con if any, leading to impresse cause. Enter UNDEF CAUSE (Disease or that initiated events	nditions, mediate RLYING injury	s. DUE TO (O	R AS A CON	line.	1			0		- 1	Interval E
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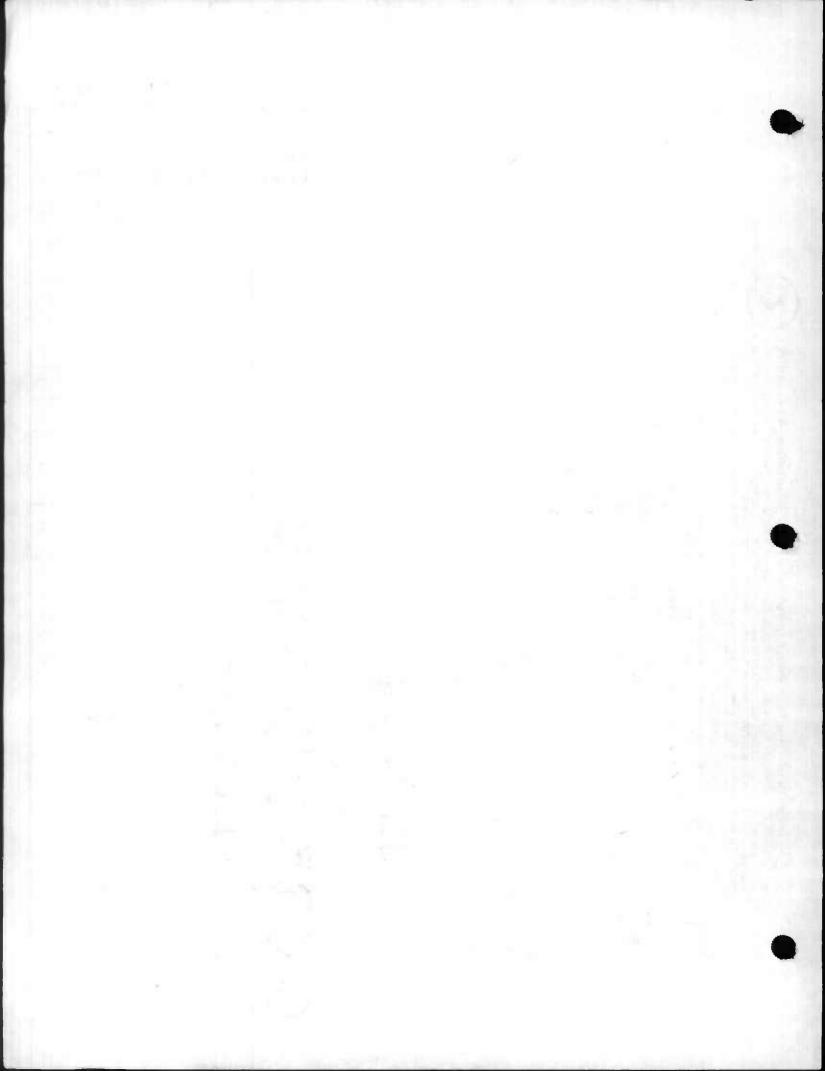
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

AN SUNCHIS M.D. 0710 PARK HEIGHTS AVENUE DALUMORE MARKLAND 21215 BALTIMORE, MARYLAND 2127

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hospit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit

mr. Pages 1, 2, 3 should

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT (CERTIFICATE		NTAL HYGIENE REG. NO.	91 0538	8
1. DECEDENT'S NAME (First, Middle, Lea THERES		BERLIN	2	DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DE	ATH A M
4. SOCIÁL SECURITY NUMBER 212-10-3897	1 🗆 M 2 🔀 F	92 YRS.	DAYS HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 6/13/1898	BIRTHPLACE (State or I Country) MARYLANI	Foreign
99. FACILITY NAME (If not institution, given The Total Park HEIGHT RESIDENCE OF DECEMENT	The Date of the Control of the Contr		OWN OR LOCATION OF DEATI BALTIMORE	9c.	COUNTY OF DEATH	
100. STATE 10b. COUNTY 10b. CO	NTY	10c. CITY, TOWN OR BAL	LOCATION TIMORE		10d. INSIDE CIT LIMITS? 1 X YES 2	
10e. STREET AND NUMBER 7222 PARK HEIGH 11. MARITAL STATUS	ITS AVE., 2nd	FL , APT. C	10f. ZIP CODE 21208	104	USA	f
11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 DKO #1	S DECENDENT OF HISPANIC res, specify Cuben, Mexicen, F YES 2 NO Specify:		14. RACE — American Inc Black, White, etc. Specify: WHITE	dlan,
15. DECEDENT'S E (Specify only highest grid in the control of the		16a. DECEDENT'S USUAL OCC (Give Idnd of work done du life. Do NOT use retired.)		16b. KIND OF BUSINES	SS/INDUSTRY	
10		SECRETARY			MOBILES	
			18. MOTHER'S NAME	(First, Middle, Meiden Sum ADA HALPI	•	
194 INFORMANT'S NAME (Type/Print)	-	19b. MAILING ADDRESS (Street and Number or Rural Rou			
MRS. SYLVIA LAZ	ZEROW	5909 EAST	CLIFF DR. B	ALTIMORE, MI	21209	
23. PART I. Enter the disolates, of	LICENSEE	60	AME AND ADDRESS OF FACIL SOL LEVINSON 10 REISTERST	& BROS., COWN RD. BA	ALTIMORE, MD 2	21215
shock, or heart failur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one cause on a	ach line.	y Emble		interval	Batween nd Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	CONSEQUENCE OF):				
PART II. Other eignificant condit	none contributing to death be must exclude a Chroni	e arrhythm		24a. WAS AN AUT PERFORMED 1 YES 2	0? AVAILABLE PRIO COMPLETION OF	OR TO F CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:				
1 M YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b. TIME OF 2	ng Home 5 Residence 8	Other (Specify) 8d. DESCRIBE HOW INJUI	RY OCCURED	
1 Netural 5 Pending 2 Accident Investigation	NA 2-125/	71 MA M	WORK? 1 YES 2 NO	NA		
	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, factor	y, office 2	61. LOCATION (Street end in City or Town, State)	Number or Rural Route Number,	
CONSCINUTE /	YSICIAN: To the best of my know					e stated.
296. SIGNATURE AND STILE OF CENTS		m.P.	29c. LICENSE NUMBI		ed. DATE SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON	who completed cause of de Chwartz	ATH (ITEM 27) (Type, Print)				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	C .			



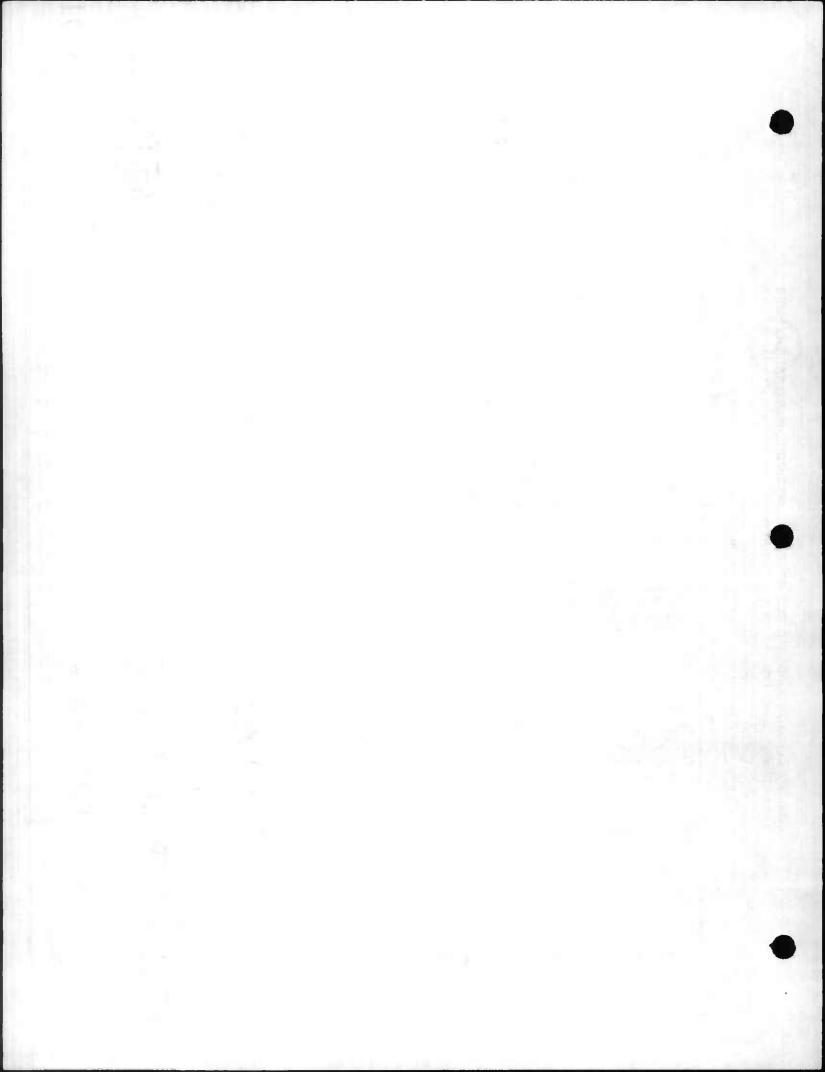
miner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR	is marked, or item 23 shows any Injury, or other traumatic event, the medical exami: BY PHYSICIAN: MEDICAL CERTIFICATION
miner must be notified at once.	i is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

5.

1991

	D.	Δ (E OF DEATH	2. DATE OF D	EG. NO.	3. TIME OF DEATH
Alvin	ALVIN BRAUDES	Brandes	5	MONTH	Z5 c	YEAR 9:58 A
	5. SEX 6. AGE (In yrs. II	est birthday) IF UND YRS. MONTHS	DAYS HOURS MIH.	(8.4 et D-	7,1928	8. BIRTHPLACE (State or Foreign MARYLAND
98. FACILITY NAME (If not institution, give str STELLA MARIS HO	· ·	9b. CIT	TOWSON	DEATH		TY OF DEATH BALTIMORE
10a. STATE 10b. COUNTY	BALTIMORE	10c. CITY, TOWN	OR LOCATION BALTIMORE			10d, INSIDE CITY LIMITS? 1 YES YYY NO
100. STREET AND NUMBER 8419 WILL	OW OAK RD.		101. ZIP CODE	21234	10g. CITIZ	EN OF WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed XX Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? XX YES 2 [IF YES, GIVE WAR OR DATES	NO KOR	WAS DECENDENT OF HIST If yes, specify Cuban, Max EA YES 2 (ANO Specify)	ilcan, Puerto Rican		14. RACE — American Indian, Black, Whita, stc. Specify: WHIT
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed)	life. Do NOT use retired.	e during most of working	18b. KINI	OF BUSINESS/INDI	USTRY
17, FATHER'S NAME (First, Middle, Lest) REUBEN BRAUDES				NAME (First, Middle EARL COP	,	
19a. INFORMANT'S NAME (Type/Print) MICHAEL BRAUD			SS (Street and Number or Rus REENWAY, #3			
20a, METHOD OF DISPOSITION ALA Burial 2 Cremation 3 Ramo 4 Donation 8 Other (Specify)	val from State 20b. PLAC	E AND DATE OF DIS	POSITION (Name	DATE	20c. LOCATION — C	
21. SIGNATURE OF FUNERAL SERVICE LICE		2:	2. NAME AND ADDRESS OF SOL LE	VINSON 8	BROS.,I	
IMMEDIATE CAUSE (FINAL	List only one ceuse on each li	desth. Do not ente ne.	er the mode of dying, s	such se cerdiec	or respiratory srre	et, Approximate
resulting in death)	DUE TO (OR AS A CONS	CAUCE OF):	of lung	with 1	met met	Interval Betwee
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS		of lung	with 1	zkun met	Interval Betwee
Sequentially list conditions, if any, leading to immediate	A	SEQUENCE OF):	of lung	with b	2 Kun met	Interval Betwe Onset and Dec
Sequentielly list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF):		in Part I. 24a	WAS AN AUTOPSY PERFORMED?	Interval Betwe Onset and De:
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions ### PART III. Other significent conditions ###################################	DUE TO (OR AS A CONS DUE TO (OR AS A CONS Contributing to death but not FIGURES A HOSPITAL:	SEQUENCE OF): t resulting in the	Underlying ceuse given 26. PLACE OF DEATH	in Part I. 24a 1 [(Check only one)	. WAS AN AUTOPSY PERFORMED? YES 2 G-NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A CONS	SEQUENCE OF): t resulting in the	underlying ceuse given	In Part I. 24a 1 [(Check only one)	. WAS AN AUTOPSY PERFORMED? YES 2 G-NO	Interval Betwee Onset and Des
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH	DUE TO (OR AS A CONS DUE TO (OR AS A CONS Contributing to death but not CONSTITUTE TO (OR AS A CONS DUE TO (OR AS A CONS CONSTITUTE TO (OR AS A CONS CONSTI	SEQUENCE OF): SEGUENCE OF): It reculting in the sequence of	26. PLACE OF DEATH FR: ursing Home 5 - Residen 28c. INJURY AT WORK? 1 - YES 2 - NO	(Check only one) ice 8 Other (Sp 28d. DE\$CRII	. WAS AN AUTOPSY PERFORMED? YES 2 1 NO	Interval Betwee Onset and Des
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OR AS A CONS DUE TO (OR AS A CONS DUE TO (OR AS A CONS CONTRIBUTION TO (OR AS A CONS DUE TO (OR AS	SEQUENCE OF): It resulting in the sequence of	26. PLACE OF DEATH ER: ursing Home 5 Residen 28c. INJURY AT WORK? 1 YES 2 NO	(Check only one) ce 8 Other (Sp 28d. DESCRIII 28f. LOCATIO City or 70 due to the cause(a	. WAS AN AUTOPSY PERFORMED? YES 2 G-NO ecity) BE HOW INJURY OCC N (Street and Number wn, State)	Interval Betwee Onset and De On

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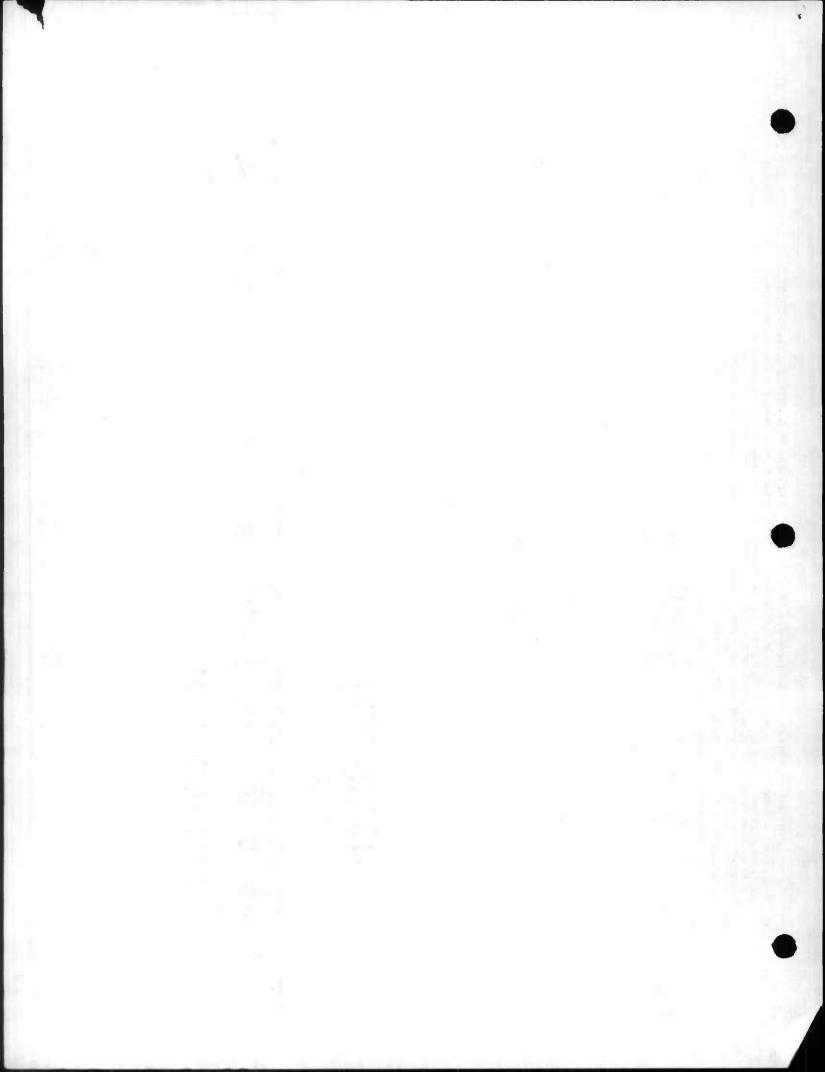


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely hilled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be fined within 72 hours after death with the Dept. of Health and Mental Hydinen bunial, cremation, or moneal. Or moneal the properties any linux, or other traumatic event, the medical examiner must be notified at once.
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Nichelas Box	NICubaropa	CHOLAS		BAROP				2. DATE OF MONTH	F OEATH DAY		YEAR	3. TIME OF OEATH
SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. las		IF UNDER 1	_	IF UNDER	24 HRS. MIN.	7. DATE OF			Countr	
067-01-6703	1 M 2 🗆 F	79	YRS.						27/1		Gre	
Sinai Hospita		ltimore		9b. CITY, 1	Bal	LOCATI	ON OF OE	EATH /	,	9c. COU	NTY OF O	DEATH
OB. STATE 106. COUNTY	ALTO			y, town or kvill		ON						10d. INSIDE CITY LIMITS?
On. STREET AND NUMBER	7,200,		Idl	KVIII		710 000				40. 017	7511 05 1	1 /ES 2 NO
	d Ave					212				U.S		WHAT COUNTRY?
1. MARITAL STATUS Never Married 2 X Married Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 4		16	yes, spec	cify Cuba		HC ORIGIN? n, Puerto Ric y:			14. RACI	E — American Indian, k, White, etc.
15. OECEDENT'S EDUI (Specify only highest grade	completed)	(0		USUAL OCC work done du se retired.)			ng	16b. F	(IND OF BUS	INESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ner						Resta	uran	t	
7. FATHER'S NAME (First, Middle, Last)					T	16. MOT	HER'S NA	ME (First, Mic	ddle, Maiden	Surname)		
Andrew Boubaropoul	los					P	auli	ne Ka	detha			
sa. INFORMANT'S NAME (Type/Print) Kulla Boubaropoul	os	19		as #		d Numbe	or Rural i	Route Numbe	r, City or Town	n, State, Zip	Code)	
tos. METHOD OF BISPOSITION Burisi 2 Cremation 3 Rem Donation 6 Other (Specify)	ovel from State n t	20b. PLACE	Iand	e of bispo	SITION (Name Naus	oleu:	m 3/2	20c. LO	cation – Parky	City or To	e, Md.
23. PART I. Enter the diseases, for	complications the	et coused the d	eeth. Do (10.	50 Y	Tork	Rd.	cility unera , Tow	son,	Md.	2120	4 Approximete
shock, or heert fellure. IMMEDIATE CAUSE (Finsi disease or condition resulting in deeth)	. Vent	ricular	f.	brille		n.						Onset and Do
IMMEDIATE CAUSE (Finsi	s. Vent	COR AS A CONSE	F. SOUENCE O	brille		n.				_		
iMMEDIATE CAUSE (Finsi disease or condition resulting in deeth)	s. Vent	ricular	F. SOUENCE O	brille		en.						
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	s. Vento	COR AS A CONSE	COUENCE O	brille		en						
immediate cause (Finsi disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. Vent DUE TO B. Sep DUE TO C. Phe DUE TO	(OR AS A CONSE	EOUENCE O	br. No	aric		given in	Part i.	24a. WAS AN	AUTOPSY	248	
Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	s. Vent DUE TO B. Sep DUE TO C. Phe DUE TO	(OR AS A CONSE	EOUENCE O	br. No	aric		given in		24a. WAS AN PERFOR	MED?	248	Onset and Do
MMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition ARDS.	s. Vent DUE TO B. Sep DUE TO C. Phe DUE TO	(OR AS A CONSE	EOUENCE O	br. No	aki c	ceuse	1		PERFOR	MED?	248	Onset and Do
MMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition ARD S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	s. DUE TO b. SCD DUE TO c. Phe DUE TO d. HOSPITAL: 1 Impattent 2	(OR AS A CONSE COR AS A CONSE COR AS A CONSE COR AS A CONSE COR AS A CONSE	COUENCE O	F): F): OTHER 4 □ Nursi	deriying	ACE OF C	DEATH (C)	neck only one	PERFOR	NED?		Onset and Do
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IMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition ARDS. 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 5 Pending	s. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	COUENCE O	OTHER 4 Nursi	28. PL.:: Ing Home 28c. INJU WOOI 1 Y	ACE OF (DEATH (C/	neck only one 6 Other 28d. OESC	PERFOR	NJURY OC	CCURED	Onset and Do
IMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentisity list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition ARDS 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	B. SCD DUE TO B. SCD DUE TO C. DUE T	(OR AS A CONSE (OR AS A CONSE	COUENCE O COUENCE O COUENCE O Teaulting 3 DOA 28b. Till IN	OTHER 4 Nursland Marcot Mursland Of Marcot Mursland Of Street, factored at the line	deriying 28. PL Ing Home 28c. INJO 1 Yery, office	ACE OF (DEATH (C)	6 Other 28d. OESC 28t. LOCA City or	PERFOR 1 VES 2 (Specify) CRIBE HOW I	NJURY OC	CCURED or or Rural	Onset and De Con

31. DATE FILED (Month, Day, Year)
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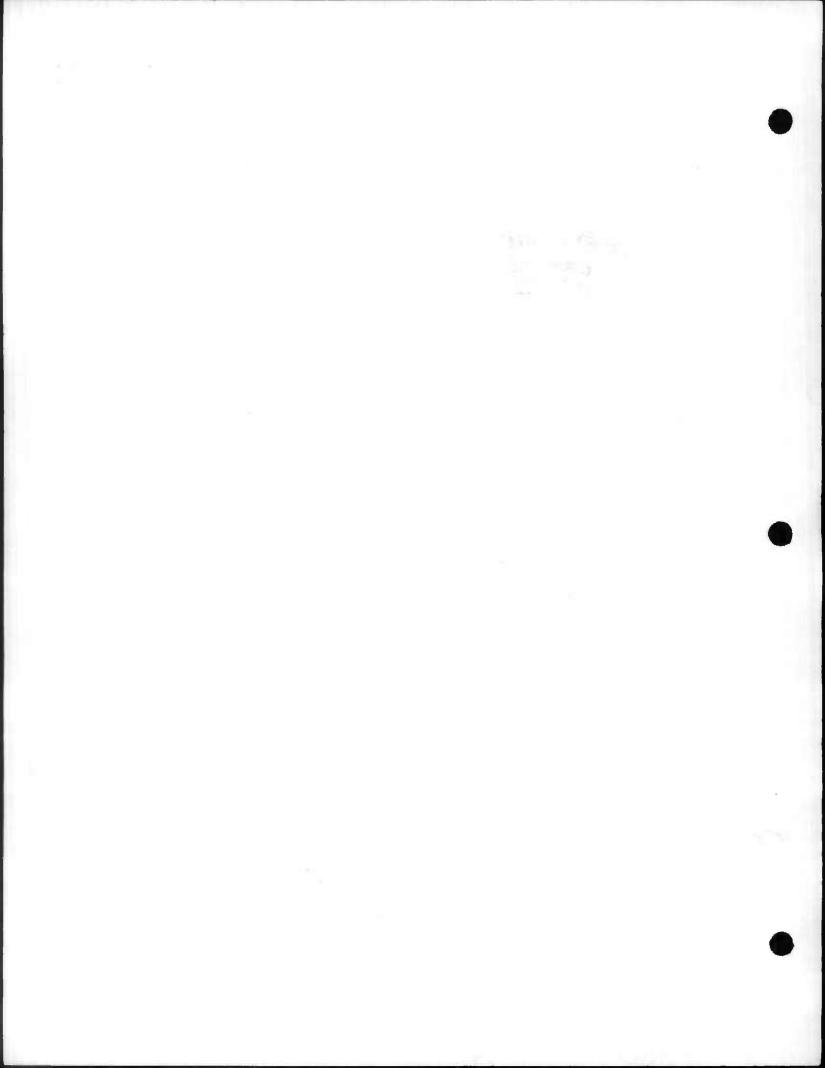
32. REGISTRAR'S SIGNATURE DE L'ANGLES



31. DATE FILED (Month, Day, Y

							(11	5391
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC				GIENE G. NO.	/ 1	70071
	1. DECEDENT'S NAME (First, Middle, Last)	CHARLES	F. BROWN			2. DATE OF DE	ATH DAY	YEAR 3.	TIME OF DEATH
	CHAR	LES F.	BRO	WN		2 -	26 -	91	2:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,		8. BIRTHPL/ Country)	ACE (State or Foreign
	215-28-7838 9e. FACILITY NAME (If not institution, give st	1 M 2 F	89 YRS.	DAYS DAYS	HOURS MIN.	12-19	-01		YLAND
DIRECTOR	ST. JOSEPH HOS			Tows			-	LTIMO	
입 [10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATI	DN			10	d. INSIDE CITY
		TIMORE	TOU	USON					LIMITS? X
FUNERAL	100. STREET AND NUMBER	33 Willo	w Ave	101.	21P CODE		100	TIZEN OF WHA $l S A$.	T COUNTRY?
BY FUN	11. MARITAL 2 1 Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, spe	NDENT OF HISPAN city Cuben, Mexica 2 NO Specify	n, Puerto Rican,	city Yee or No— etc.)	14. RACE — Black, W Specify:	American Indian, thite, etc. White
	15. DECEDENT'S EDUC		16e. DECEDENT'S US	SUAL OCCUPATION	N	16b, KIND	OF BUSINESS/IN	DUSTRY	-
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor ille. Do NOT use Retired	k done during mos retired.) Sgt.	t of working	Balt	imore C	ity Po	lice Dept.
١١	17. FATHER'S NAME (First, Middle, Last)				40 4007115010 414		1631		
BE CO	Francis	Brown			Barbar		Parr		
2	19a. INFORMANT'S NAME (Type/Print) Mrs Lillian B. Ke	nnedy			ge Road,				
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremetton 3 Reme	oval from State T	b. PLACE OF DISPOSIT	ION (Name of cem	etery, crematory or		20c. LOCATION	- City or Town,	State aryland
	4 Donation 5 Other (Specify)		Oudon Far				Darcin	ore, M	aryrand
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC				D ADDRESS OF FA				
	▶ Wallace S	Brooks, 2	1 .		owson Fu				
	23. PART i. Enter the diseases, or o		d the death. Do not		ork Road				Approximata
- 1	shock, or heert feilure.			t anter the mot	to or dying, add	ii ee ceidiec o	i respiratory s	11000,	Interval Between
	iMMEDIATE CAUSE (Finei disesse or condition	San	•						Onset and Death
	resulting in death)	TO THE PERSON AND	A CONSEQUENCE OF:		500				
	F 500.5	DUE SET (ON AS A	A CONSEQUENCE OF):	2 -	Z of	/	7:		
Z	Sequentially list conditions,	aune	A CONSEQUENCE OF:	race	- ony	nece	con	_	
CERTIFICATION	if any, leading to immediate	OUE TO (OH AS A	A CONSEGUENCE OF;						
0	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO ON AN	A CONSEQUENCE OF:						
	that initiated events resulting in desth) LAST	DUE TO (OR AS A	A COMMEQUENCE OF:						i
E		k							
PHYSICIAN: MEDICAL C	PART II. Other significant condition	contributing to death I	but not resulting in	tha underlying	cause given in		WAS AN AUTOPS' PERFORMED? YES 2 1 MO	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
. ME								1	☐ YES 2 ☐ NO
¥	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
S	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	5 Residence	6 Other /Sne	c/hv)	11	
ξ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. INJU	JRY AT		HOW INJURY O	CCURED	
	1 Netural 5 Pending	(Month, Day, Year)	INJU	RY WO	RK7 ES 2 NO				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, str			281. LOCATION City or Tow	(Street end Numb n, State)	er or Rural Rou	te Number,
<u> </u>	200 CERTIFIED					-0.5 -0.07 - 0.00 -			
COMPLETED	one)	CIAN: To the best of my known. B: On the basic of examination.							nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE			ı	29c. LICENSE NUI	MBER	29d. D	ATE SIGNED (M	lonth, Day, Year)
BE	man Time	TIA L	non 1	1.1	116	19	2	7-/-	1/01
임	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	late area do am a	- Us	0,0	100		7-	0/7/





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	page		2
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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shouk		tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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	After	nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	E
1	 	ter c	8
3	ECH	s af	1 2
5	DIR	DOUL	ten

1. DECEDENT'S NAME (First, Middle, Last)	-	0	ICATI	OF DEATH		REG. NO.		3. TIME OF DEATH	
PHILLIP	J.		BEL		02"	26			
The second secon		(In yrs. leat birthday) 42 YRS.	IF UNDER	1 YEAR # UNDER 24 HRS. DAYS HOURS MIN.	(Month	T. 8 1		BIRTNPLACE (State or Foreign Country)	
9a. FACILITY NAME (If not institution, give street FRANCIS SCOTT KEY,		ENTER		BALTIMORE C			9c. COUNT	Y OF CEATN	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD.		10c. CIT		OR LOCATION ALTIMORE				10d. INSIDE CITY LIMITS? 1 XXYES 2 NO	
10e. STREET AND NUMBER				101. ZIP CODE	005	1	10g. CITIZE	N OF WHAT COUNTRY?	
1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO		WAS DECENDENT OF HISP. If yee, specify Cuben, Mexi- 1 YES 2 NO Spec	can, Puerto I		or No — 14	4. RACE — American Indian, Black, White, etc.	
3 Widowed 4 Divorced								WILLE	
	College (1-4 or 5+)	Me. Do NOT u	work done ise retired.)	during most of working	166.	KIND OF BUS	UPPLIES		
17, FATHER'S NAME (First, Middle, Last)	N/A	LAE	BORER	16, MOTHER'S N	AME (Elm)			OLITIES	
HOWARD M. BEL	LL, JR.					. ALEX			
19a. INFORMANT'S NAME (Type/Print) MARY BELL (MOTHER)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							21205	
20s. METNOD OF DISPOSITION 1	20	bb. PLACE AND DAT cemetary, crematory GARDENS	y or other p		DAT			ty or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LICEN	/ GIII DE CE ELLE								
I wen a				3331 Brehr	ns Lar	ne, Bal	Ltimor	e, Md. 21213	
23. PARP1. Enter the diseases, or co- shock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	PUEL HO DUE TO (OR AS	each line.	OF):	3331 Brehr	ns Lar	ne, Bal	Ltimor	e, Md. 21213 Approximete interval Between	
shock, or heaft faffure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sequentially list conditions, if any, leading to immediate	PUEL HO DUE TO (OR AS	A CONSEQUENCE O	DF): DF):	3331 Brehr	ns Lar	ne, Bal	Ltimor	e, Md. 21213	
shock, or heaft faffure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS	A CONSEQUENCE O	DF): DF):	3331 Brehr	ns Lar	ne, Bal	AUTOPSY MED?	e, Md. 21213 Approximate interval Between	
shock, or heaft faffure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST DART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONS	DF): DF):	3331 Breht the mode of dying, st	ns Lar	24a. WAS AN PERFORM	AUTOPSY MED?	Approximete interval Betwee Onset and Dei On	
shock, or heaft faffure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initleted events resulting in death) LAST DART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	DUE TO (OR AS DUE TO (OR AS Contributing to deeth	A CONSEQUENCE OF A CONS	OF): In the u	3331 Breht the mode of dying, st nderlying ceuse given if 26. PLACE OF DEATH (R: raing Nome 5 Residence 28c. INDUST AT WORK?	in Part I.	24a. WAS AN. PERFORI 1 SES 2	AUTOPSY MED?	Approximete interval Betwee Onset and Del Del Del Del Del Del Del Del Del Del	
shock, or heaft faffure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST DART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF OEATH	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONS	OF): OF): In the unit of the	3331 Breht the mode of dying, st the mode of	in Part I.	24a. WAS AN PERFORM 1 PES 2	AUTOPSY MED?	Approximate interval Betwo Onset and De Onse	

111 PENN STREET

BALTIMORE, MARYLAND

DHMH-16 Rev 1/89

MARGONIA 31. DATE FILED TWOOTH, Day, Year)

1991

MAR 1

30. NAME AND ABORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

MARYDOWN D. KORETC

32. REGISTRAR'S SIGNATURE



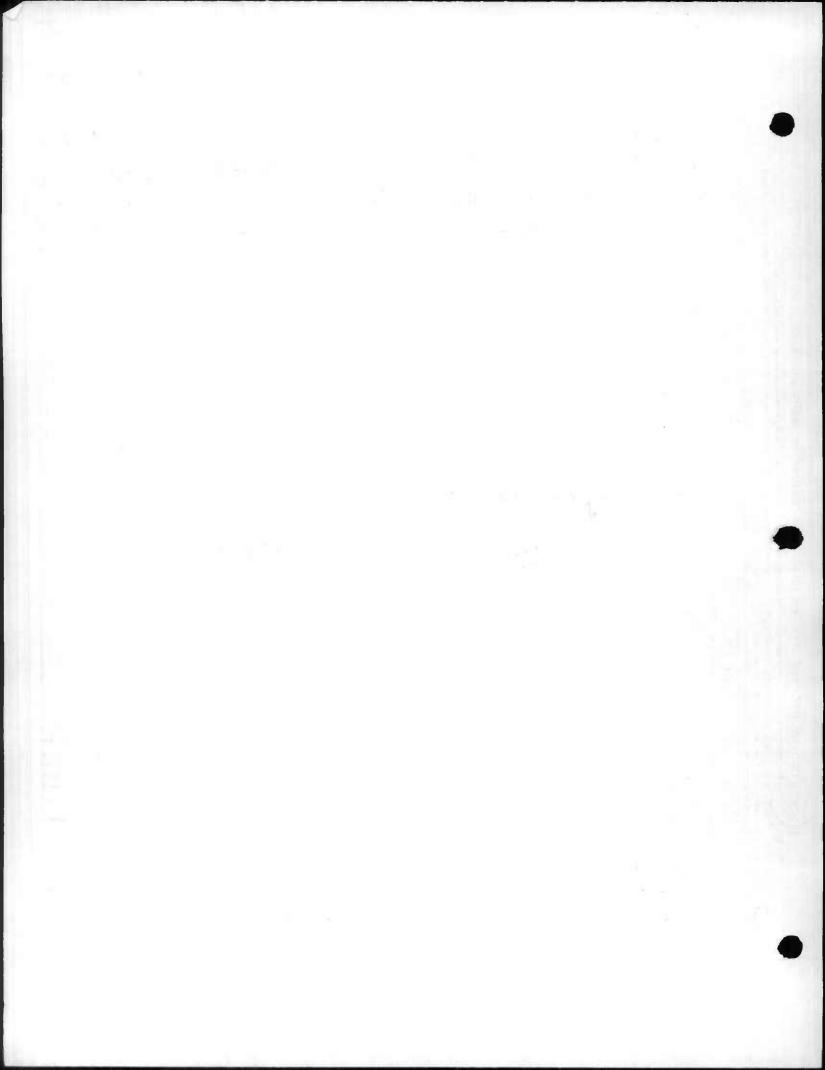
	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, List)	0	1		2. DATE OF DEATH		3. TIME OF DEATH			
	Nellie -	bran	T		02 -2	5 - 9		PM		
	185-40-09/3 1 M 2 KF		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 0.3 - 12 -	r) (BIRTHPLACE (State or Foreign Country) PA	gn		
TOR	9a. FACILITY NAME (If not institution, give attreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RESIDENCE OF DECEMENT 9c. COUNTY OF DEATH									
DIRECTOR	10a. STATE Md. 10b. COUNTY Baltimore	OWN OR LOCAT		e River		10d. INSIDE CITY LIMITS? 1 YES 2 NO)			
FUNERAL	1012 Cord Street	101.	ZIP CODE 212	20	10g. CITIZEN	USA				
B√	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR 6	YES 2 NO	13. WAS DECI	cify Cuben, Mexica	NIC ORIGIN? (Specify in, Puarto Rican, alc. y:	Yes or No— 14.	RACE — American Indian, Black, Whita, atc. Specify: White	-		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT use n	done during mos stired.)	N it of working	186. KIND OF	BUSINESS/INDUST				
×	8 th 17. FATHER'S NAME (First, Middle, Last)	House	ewife							
BE CC	Peter Stahl			Anna	ME (First, Middle, Me Robin					
2	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or					
-	E.L.Lytle	1012	Cord	Street	Baltim	ore Md.	.21220			
	20a. METHOD OF DISPOSITION 1	other place)	on (Name of com Ceme te	Metery Berlin PA						
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE	111		D ADORESS OF FA			AceAve.212	22:		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	0	RATUR	y In	fectio'i	7	interval Bate Onset and D			
EDICAL	PART II. Other aignificant conditions contributing to dea	ith but not resulting in	the underlying	PERFOR			24b. WERE AUTOPSY FINO AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	JSE		
AZ	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEATH (C)						
	EXAMINER? HOSPITAL:									
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 8 Pending 28a. DATE OF INJ (Month, Day, Y	URY 285. TIME C	OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE H	OW INJURY OCCUR	RED			
	2 Accident Investigation 3 Suicide 8 Could not be datermined 28a. PLACE OF IN building, stc.				LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To like best of my MEDICAL EXAMINER: On the best of axemi							ed.		
O BE C	296. SIGNATURE OF CENTERED AND			29c. LICENSE NU		29d. DATE SI	DATE SIGNED (Month, Day, Year) 2/25/91			
F		576 Merri		d. Bal	timore	Md. 212	222			
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S MAR 0 1 1991 4	SIGNATURE	2.00							

TO THE HOSPITAL ON TENDING PHYSICIAN: The law requires that the death certificate be executed within the law in the floating physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. WISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Ray 1/89



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3	2	'n
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 nours after death. Page 6 may be retained by the P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detable filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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Page	direc	n Jei
death.	funeral	examin
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withic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	went.
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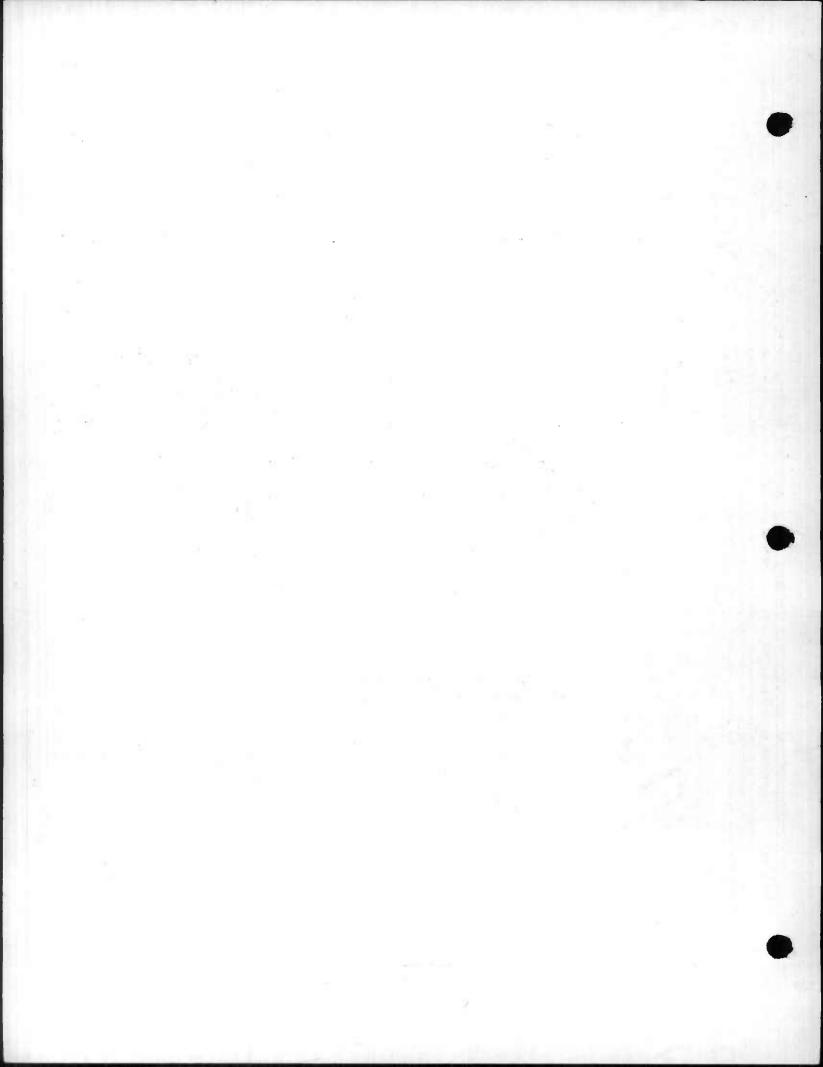
2434 W. (31. DATE FILED (Month, Day, Year)

1991

BELVERDERE AVENUE

32. REGISTRAR'S SIGNATURE

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	ICATE O	DEATH	REG. NO		3	. TIME OF DEATH		
	IRVING CI	HARKA	72			MONTH D	AY	YEAR	11-25A M		
	4. SOCIAL SECURITY NUMBER 5. S		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.			B. BIRTHPL	ACE/(State or Foreign		
	212-03-1625 13	MAZOF 7	8 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1	MAR.	YLAND		
	9e. FACILITY NAME (If not institution, give street e	DEATN	V	TY OF DEA							
OR	LEVINDALE BALGIMORE										
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c, Cl	TY, TOWN OR LOC	ATION			10	0d. INSIDE CITY LIMITS?			
	MARYLAND BAL		BAL	IMORE			1	AES 2 XXO			
FUNERAL	10e. STREET AND NUMBER				Of. ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?		
AER.	7202 ROCKLAND HILL				2120)9		USA			
5	11. MARITAL STATUS	WAS DECEDENT EVER	IN U.S. ARMED			PANIC ORIGIN? (Specify Yellicen, Puerto Ricen, etc.)	a or No—	14. RACE	American Indian, White, etc.		
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 XYES	AVY		S 2 XNO Spe			Specify:	WHITE		
ED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON pleted)		USUAL OCCUPA work done during		16b. KIND OF BU	SINESS/IND	USTRY	714434.42.3		
ET		ollege (1-4 or 5+)	life. Do NOT	ise retired.)	noot or morning	ne	Ar DC	TIA COLO			
COMPL	12		RI	EALTOR		RE	AL ES!	TATE			
00	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S	NAME (First, Middle, Meiden	Surname)				
BE	HARRY CHARKATZ		and the second second			ENA BOOKO					
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stree	t and Number or Run	al Route Number, City or Tox	vn, State, Zip	Code)			
-	MRS. IRENE CHARKAT					DR., #401	BALT				
	20s. METNOD OF DISPOSITION 1 Deuriei 2 Cremation 3 Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State										
	4 Donation 6 Other (Specify) MIKRO KODESH-BETH ISRAET, 2/27/91 BALTIMORE, MD										
	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.										
	6010 REISTERSTOWN RD. BALTIMORE, MD 21215										
	23. PART I. Enter the diseases, or comp shock, or heart fellure. Liet IMMEDIATE CAUSE (Finel	only one ceuse on	ed the death. Do each line.	not enter the r	node of dying, e	uch as cerdlec or reep	iratory sm	est,	Approximate interval Between		
									Onset and Death		
	disesse or condition resulting in death) s	PNEUM							Onset and Death		
	disesse or condition		OF A CONSEQUENCE	DF):					Onset and Death		
ION	disease or condition resulting in death) s	DUE TO (OR AS					-		Onset and Death		
CATION	disesse or condition resulting in death) s Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE						Onset and Death		
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS	A CONSEQUENCE	DF):					Onset and Death		
ERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE (DF):					Onset and Death		
. CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE (DF):		In Sheet I Late was a	·	Lors			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions co	DUE TO (OR AS	A CONSEQUENCE OF A CONS	OF): In the underly		in Part i, 24e. WAS AI	N AUTOPSY RMED?	A	YERE AUTOPSY FINDINGS		
_	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions co	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DITIBUTING TO death	A CONSEQUENCE OF A CONS	of): In the underly ACCI	FNT.	In Part I. 24s. WAS AI PERFO	RMED?	a c	VERE AUTOPSY FINDINGS MAIL ABILE PRIOR TO OWNELTION OF CAUSE OF DEATH?		
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions co	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DITTIBUTING TO death EIGRO VAS CARDIE V	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A COLLAR	of): In the underly ACCIO	FNT.	PERFO	RMED?	a c	VERE AUTOPSY FINDINGS MAIL ABILE PRIOR TO DOMPLETION OF CAUSE		
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions con STATUS POST CERIATIVE OF CEROTICE DIABETES MELLIT	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DITTIBUTING TO death EIGRO VAS CARDIE V	A CONSEQUENCE OF A CONS	In the underly ACCI DLE	ENT.	PERFO	RMED?	a c	VERE AUTOPSY FINDINGS MAIL ABILE PRIOR TO OWNELTION OF CAUSE OF DEATH?		
_	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions co	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DIFFICULTY OF AS DIF	A CONSEQUENCE OF A CONS	in the underly ACCID DIGET OTHER:	ENT. PLACE OF DEATH	PERFO 1 YES	RMED?	a c	VERE AUTOPSY FINDINGS MAIL ABILE PRIOR TO OWNELTION OF CAUSE OF DEATH?		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions co	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DIFFICULTY OF AS DIF	A CONSEQUENCE OF A CONS	In the underly ACCID DISE OTHER: 4) Nursing H	PLACE OF DEATH	PERFO 1 YES (Check only one) 6 Other (Specify)	PIMED?	1	VERE AUTOPSY FINDINGS MAIL ABILE PRIOR TO OWNELTION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions co	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DIFFICULTY OF AS DIF	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CULAR A	OF): In the underly ACCID DIS A 26. OTHER: 4 Nursing H ME OF 28c. LUURY	PLACE OF DEATH DIME 6 Resident NURRY AT	PERFO 1 YES	PIMED?	1	VERE AUTOPSY FINDINGS MAIL ABILE PRIOR TO OWNELTION OF CAUSE OF DEATH?		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other eignificant conditions con STATUS POST CERIATIVE POST CERIAT	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CULAR A	OF): In the underly DLC ID OTHER: 4 M Number H ME OF LURY M 1	PLACE OF DEATH (DITTO 6 Residence NJURY AT WORK? YES 2 NO	(Check only one) 26d. DESCRIBE NOW	RMED? 2 NO INJURY OCC	A C C C C C C C C C C C C C C C C C C C	VERE AUTOPSY FINDINGS MAIL ABILE PRIOR TO DOMPLETION OF CAUSE OF DEATH? YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions cond	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONS	OF): In the underly DLC ID OTHER: 4 M Number H ME OF LURY M 1	PLACE OF DEATH (DITTO 6 Residence NJURY AT WORK? YES 2 NO	PERFO 1 YES (Check only one) 6 Other (Specify)	INJURY OCC	A C C C C C C C C C C C C C C C C C C C	VERE AUTOPSY FINDINGS MAIL ABILE PRIOR TO DOMPLETION OF CAUSE OF DEATH? YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions co STATUS POST CERI AT HERO SCLEROT NC DIAUTES MELLIT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONS	OF): In the underly ACCID DIS EF 28. OTHER: 4 M Nursing H ME OF LUURY M 1 street, factory, of	PLACE OF DEATH DIME 6 Residence NJURY AT NORK? YES 2 NO	(Check only one) 26 Other (Specify) 26d. DESCRIBE NOW 26f. LOCATION (Street City or Rown, State	INJURY OCC	CURED or Rural Roo	VERE AUTOPSY FINDINGS MAIL ABILE PRIOR TO DOMPLETION OF CAUSE OF DEATH? YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions co STATUS POST CERI AT HERO SCLEROT NC DIAUTES MELLIT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS DUE TO	A CONSEQUENCE OF A CONS	OF): In the underly ACCID DIGET 28. OTHER: 4 Nursing H ME OF JURY M 1 street, factory, of	PLACE OF DEATH DIME 6 Residence NJURY AT WORK? YES 2 NO files	(Check only one) 1 YES (Check only one) 26 Other (Specify) 26d. DESCRIBE NOW 26f. LOCATION (Street City or Town, State	INJURY OCC	CURED Or Rural Root	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE F DEATH? YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions cond	DUE TO (OR AS DUE TO	A CONSEQUENCE OF A CONS	OF): In the underly ACCID DLGA OTHER: 4) Nursing H ME OF LJURY M 1 street, factory, of red at the time, d lon, in my opinion	PLACE OF DEATH OPING 6 Recidence NJURY AT WORK? YES 2 NO file No with the end place, end of the death occurred at the second of the second oping the end place.	(Check only one) 1 YES (Check only one) 26 Other (Specify) 26d. DESCRIBE NOW 26f. LOCATION (Street City or Town, State) 5ue to the cause(s) and matthe time, date end pleca, e	INJURY OCC	CURED Or Rural Roce ed. e couse(e)	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 NO Uto Number, and manner as stated.		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions co STATUS POST CERI ATHERO SCLEROTIC DIABLES MELLIT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neture 5 Pending 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN (Check only 1) CERTIFYING PHYSICIAN	DUE TO (OR AS DUE TO	A CONSEQUENCE OF A CONS	OF): In the underly ACCID DLGA OTHER: 4) Nursing H ME OF LJURY M 1 street, factory, of red at the time, d lon, in my opinion	PLACE OF DEATH DIME 6 Residence NJURY AT WORK? YES 2 NO files	(Check only one) 1 YES (Check only one) 26 Other (Specify) 26d. DESCRIBE NOW 26f. LOCATION (Street City or Town, State) 5ue to the cause(s) and matthe time, date end pleca, e	INJURY OCC and Number of the state of the st	CURED Or Rural Root ed. e couse(s) d E SIGNED (A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE F DEATH? YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions cond	DUE TO (OR AS DUE TO	ATIEN	OF): In the underly ACCID DLC A OTHER: 4 M Nursing H ME OF LURY M 1 street, factory, of red at the time, d ton, in my opinion	PLACE OF DEATH OPING 6 Recidence NJURY AT WORK? YES 2 NO file No with the end place, end of the death occurred at the second of the second oping the end place.	(Check only one) 1 YES (Check only one) 26 Other (Specify) 26d. DESCRIBE NOW 26f. LOCATION (Street City or Town, State Sue to the cause(s) and muthe time, date end pleca, e	INJURY OCC and Number and out to the	CURED Or Rural Roce ed. e couse(e)	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 NO Uto Number, and manner as stated.		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions cond	DUE TO (OR AS DUE TO	A CONSEQUENCE OF A CONS	OF): In the underly ACCID DLC A OTHER: 4 M Nursing H ME OF LURY M 1 street, factory, of red at the time, d ton, in my opinion	PLACE OF DEATH DOME 6 Residence NJURY AT NORK? YES 2 NO files site end place, end of , death occurred at 1 29c. LICENSE 1 D 256	Check only one) 1 YES 1 YES 1 YES 1 YES 1 YES 1 YES 1 YES 1 YES 2 Other (Specify) 3 Other (Specify) 4 Other (Specify) 4 Other (Specify) 4 Other (Specify) 4 Other (Specify) 5 Other (Specify) 4 Other (Specify) 5 Other (Specify) 5 Other (Specify) 6 Other (Specify) 7 Other (Specify) 7 Other (Specify) 7 Other (Specify) 7 Other (Specify) 7 Other (Specify) 8 Other (Specify) 9 Ot	INJURY OCC and Number enner as state 29d, DATE ALE	CURED Or Rural Root ed. e couse(s) d E SIGNED (A	VERE AUTOPSY FINDINGS MAIL ABILE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 NO Uto Number, and manner as stated.		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA			OF HEALT		NTAL HYGIEN REG. NO.	9	05395		
	1. DECEDENT'S NAME (First, Middle, Last)		CODD			6	DATE OF DEATH DA	1 199			
	4. SOCIAL SECURITY NUMBER 434-76-9025	5. SEX 6.	More Company (More Company)				Month, Day, Year)	th. Day, Year) Country)			
	9a. FACILITY NAME (If not institution, give a	9a. FACILITY NAME (If not institution, give street and number)			TOWN OR LOCA			9c. COUNTY	0		
OR	4410 Dulaney Court			G1	en Arm			Balt	imore		
ומ	RESIDENCE OF DECEDENT 19a, STATE 19b, COUNT	ν	100	CITY, TOWN C	B LOCATION				10d. INSIDE CITY		
DIRECTOR	Maryland Baltimore			len Arı	n				1 TYES 2 TO NO		
FUNERAL	100. STREET AND NUMBER 4410 Dulaney Cour	t			101. ZIP CI	οοε 057		OF WHAT COUNTRY?			
BY	11. MARKTAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					aban, Maxican, F	ORIGIN? (Specify Year tuarto Rican, etc.)	U.S.A. INT? (Specify Yea or No— 14. RACE — American Indian, Black, Whita, etc.) Specify: White			
COMPLETED	15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		(Give kin-	OT use retired.	during most of wo	eneur	16b. KIND OF BUS	BINESS/INDUST	TRY		
N N	17. FATHER'S NAME (First, Middle, Last)	JT .	Seli	Employ	yeu		Decoy M		turer		
BE C	William Arthur Co	dd					te McClur				
TO E	19a. INFORMANT'S NAME (Type/Print) Wendy C. Codd	Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Same as #10						n, State, Zip Coo	de)		
	20e. METHOD OF DISPOSITION 1 M Burlal 2 Cremetton 3 Rem	20b. PLACE OF DI			cremetory or	20c. LOCATION — City or Town, State					
	4 Donation 5 Other (Specify)	Druid Ri					esvill	e, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LI	and		22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Md. 21204							
	23. PART I. Enter the diseases, by complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) S. Due To (or as a consequence or):										
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Demodiation Due to (OR As A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF):										
	0.										
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 248. WAS AN AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO								AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day)	JURY 286 (199) 8	TIME OF INJURY	28c. INJURY AT WORK?	2 (NO	SIN A	22/4	leo Na-1		
	Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF II building, etc		arm, street, fac	tory, office	2	City or River, States	ana do	Pural Pulle Number,		
COMPLETED	CERTIFIER Check anty MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
E3 1	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 44. 40. Address Office of Certifier 296. DATE SIGNED (Month, Day, Year)										
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE # 10	Denote M	of 4.0 FV	AMuse	29c.	D O XO	ER ER	29d. DATE 8			

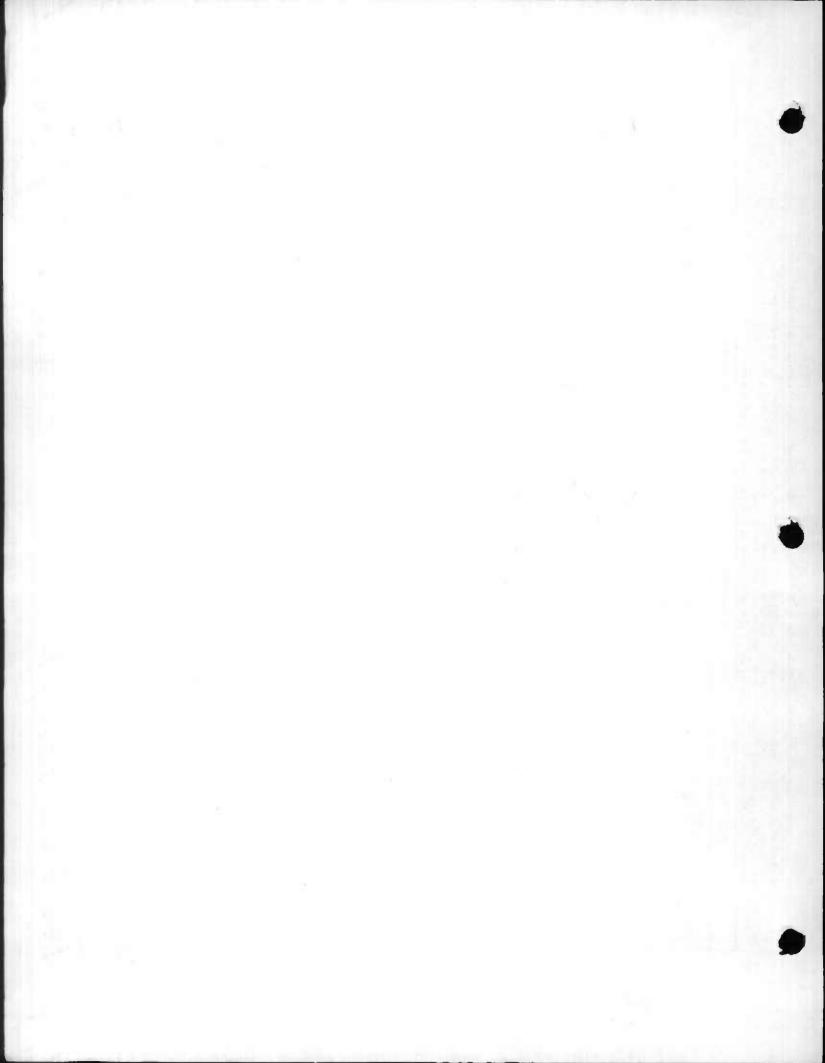
DHMH-18 Rev 1/89



1991

MAR 0

Davidson-Randelle



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		C	ENTIF	CAIL	IL DEWI	п	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) OCCAGNA	MICHARL G	COCC	AGNA E)	G.			F BATE OF E	STH N	991	77 /	122 PM	
	4. SOCIAL SECURITY NUMBER 212-08-6718	5. SEX 6.	AGE (In yrs. In		IF UNDER 1 YE		24 HRS. MIN.	7. DATE OF B	RTH 27		Country) MA	CE (State or Foreign RYLAND	
	9a. FACILITY NAME (If not institution, give str	net and number)	T.		9h CITY TO	WN OR LOCATIO	N OF DEA				Y OF DEATH		
TOR	FALSTON GENERAL HOSPITAL					CITY, TOWN OR LOCATION OF DEATH FOLISTON			HARFORD				
DIRECTOR	MARYLAND HARFORD FALLS					OWN OR LOCATION TON						I. INSIDE CITY LIMITS? YES 2 X NO	
	10e. STREET AND NUMBER					101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	2311½ CARLO ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED					21047				U.S.A.			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Merried 2 Merried FORCES? 1 YES 2 NO					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify yea, specify Cuban, Maxican, Puario Rican, e 1 ☐ YES 2 ☑ NO Specify:						
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. Di	ECEDENT'S L	JSUAL OCCU	PATION	_	16b. KIN	D OF BUS	INESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12) N/A N/	College (1-4 or 5 +)	- 114	ENDEN	retired.)	done during most of working tired.)							
0	17. FATHER'S NAME (First, Middle, Last)					16, MOTH	ER'S NAM	NE (First, Middle	e, Malden	Sumame)			
BE C	ALPHONSUS G. COCC	AGNA				DIA	NE M	. GRUI	Ξ				
10	19a, INFORMANT'S NAME (Type/Print) ALPHONSUS G. COCC	AGNA (FAT				ROAD,						7	
	20a. METHOD OF DISPOSITION 1 (XBurlal 2 Cremation 3 Ramo 4 Donation 6 Other (Specify)	wal from Stata	other p	(ace)							TION — City or Town, Stata STON, MARYLAND		
	21. SIGNATURE OF FUNCTAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME. INC.							MARVI	AND 21236				
	23. PARCH. Enter the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heart/felidre. List only one cause on each line. Approximate interval Between										Approximata		
	disease or condition resulting in death)	DUE TO (OI	R AS A CONSE	Faulu EQUENCE OF):								
NO	Sequentially list conditions, Dury's Synchronic Due TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
EN	resulting in deeth) LAST								_				
	PART II. Other significant conditions	contributing to de	eath but not	rasulting is	n the under	lying cause ç	lven in i	Part I. 24s	. WAS AN			RE AUTOPSY FINDINGS	
MEDICAL									PERFORMED?		CO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
								-			10	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				-	8. PLACE OF D	EATH (Che	ok only one)					
Sic	EXAMINER?	HOSPITAL:	R/Outpatient	3 DOA	OTHER:	Home 5 🗆 Re	aldence (6 Other (Sp	ectfy)				
PHYSICIAN:	27. MANNER OF DEATH 1 Matural 6 Pending	28a. DATE OF IN (Month, Day,		26b. TIME INJU	JRY	WORK?	NO	28d. DESCRI	28d. DESCRIBE HOW INJURY OCCURED				
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Specify)										e Number,	
COMPLETED	29a. CERTIFIER (Check only one)												
Ö	2 MEDICAL EXAMINE		nination and/or	rinvestigation	n, in my opini				place, an				
H	29b. SIGNATURE AND TITLE OF CERTIFIER	16. m					2139				SIGNED (MO	onth, Day, Year)	
2	30 MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (IT	ЕМ 27) (Туре,						1			
	39 Kansington	Parkway	49	ingd	on M	l							
	MAR 1 1991	Sila Davido	STUNATURE	LIL									

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

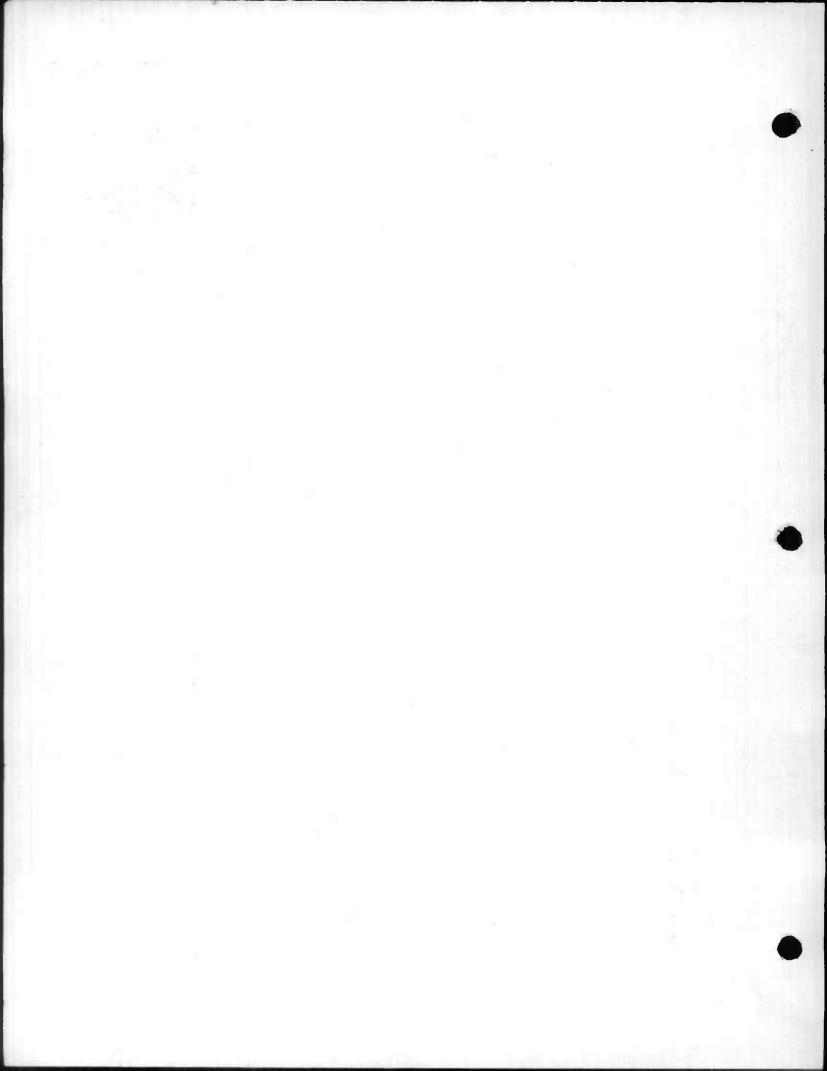
BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Acuts after death. Page 6 may be retained by the hospital of the PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be distribed filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ance.

burial-transit permit. Pages 1, 2, 3 should

DHMH-16 Rev 1/89



FOR 1 - STATE	STATE OF I	MARYLAND /					MENTAL				15391
HEGISTHAH		CE	HILF	ICATE O	- DEA	Н		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE			YEAR	3. TIME OF DEATH
WILBERT Jer			COOL				02	2	7	1991	5:55 p
4. SOCIAL SECURITY NUMBER 219-18-6146	5. SEX 1 📉 M 2 🗆 F	6. AGE (In yrs. lest	YRS.	IF UNDER 1 YEAR MONTHS DAYS		MIN.	7. DATE (0 2 2 2	5	6. BIRTI	MD
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCAT	ION OF DE	EATH		9c. COL	JNTY OF E	HTA
2417 WEST LAFAY	ETTE			BALT	MORE				BAI	LTIM	ORE
RESIDENCE OF DECEDENT			40 - OIT	Y, TOWN OR LOC							
MD			1	ltimor							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
2417 W. Lafay	ette Av	е.			2 1 2 1				10g. CIT	USA	WHAT COUNTRY?
10e. STREET AND NUMBER 2417 W. Lafay 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE Y	IT EVER IN U.S. ARI XYES 2 N MAR OR DATES	MED D	If yes,		en, Mexice	n, Puerto F	? (Specify Yee lican, atc.)	or No—		E — American Indian, k, White, atc.
		16a, DE	CEOENT'S	USUAL OCCUPA	TION		18b.	KIND OF BUS	BINESS/IN	DUSTRY	
(Specify only highest grad	College (1-4 or 8	+) (G/ ///////////////////////////////////	pti	work done during in secretified.) C Bind	ery	ding					
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Julius Ernest	Cooper							fiddle, Maiden	Surname)	7	
							Coop				
Nicole Oliver		198		7 W. L							MD. 21223
28p. METHOD OF DISPOSITION 1 월 Burlel 2 ☐ Cremetion 3 ☐ Rei 4 ☐ Donation 5 ☐ Other (Specify)	moval from State			or other place)			2 - 4	20c. LO 4 Owi	ngs	City or T	1s, MD.
23. PART I. Enter the diseases, or ahock, or heart failure immediaTE CAUSE (Finel disease or condition	. List only one ce	use on each lina		not anter tha r	noda of d						Approximate Interval Batwee Onset and Dec
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	O (OR AS A CONSECUTION OF	CO/ DUENCE O	volism	1						
PART ii. Other algoliticent condition	ons contributing to	deeth but not n	esuiting	in the underly	ing Ceuse	given in	Part i.	24s. WAS AN PERFOR	RMED?	24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26.	PLACE OF	OEATH (C	heck only on	10)			
1X YES 2 □ NO	1 🗆 Inpatient 2	☐ ER/Outpatient 3	□ DOA	4 - Nursing H	X	Residence	6 🗆 Othe	r (Specify)			
	28e. DATE O	F INJURY Day, Year)	28b. TIR IN	JURY	NJURY AT WORK? YES 2	□ NO	28d. DES	CRIBE HOW I	NJURY O	CCURED	
27. MÁÑNER OF OEATH 1 Natural 5 Pending investigation				1							
2 Accident Investigation	28e. PLACE	OF INJURY — At he	me, farm,	street, factory, of	fice			ATION (Street or Town, State)		er or Rural	Route Number,
1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not b determined 29e. CERTIFIER (Check only 1 CERTIFYING PHY	28e. PLACE building	f my knowledge, de	ath occur	red at the time, d	ate and plac		City	or Town, State)	nner as st	ated.	Route Number,
2 Accident 3 Suicide 8 Could not b determined 29e. CERTIFIER 1 CERTIFYING PHY One) 2 MEDICAL EXAMI	28e. PLACE building	, etc. (Specify) If my knowledge, de examination end/or	ath occur	red at the time, d	ete end place, death occ		City to the cau	or Town, State)	nner as at	ated. the couse	24.5

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BALTIMORE, MARYLAND 21203-3146	crimours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

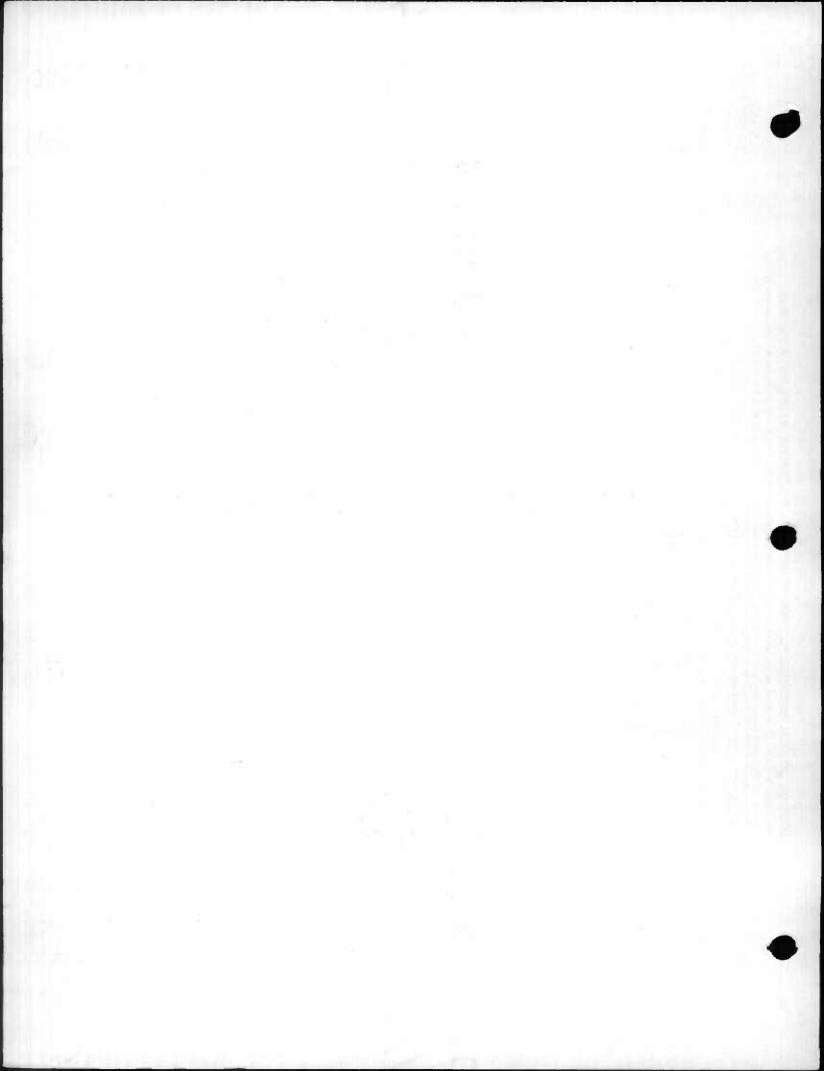
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTM			MENTAL HYGIEN	E	21 02398
	1. DECEDENT'S NAME (First, Middle, Lest) 4. SOCIAL SECURITY NUMBER 216-09-2639	P. COBBS 5. SEX 1 M 2 MF 8. AGE (In yrs. II	mat birthday) if the MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH MONTH DATE OF BIRTH (Month Park Vest) 8 - 05 - 07	9	3. TIME OF DEATH BIRTHPLACE (State or Foreign Country) M D
OR	9a. FACILITY NAME (If not institution, give st Bon Secours H		96.		imore		9c. COUNT	Y OF DEATH
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			wn on Local				10d. INSIDE CITY LIMITS? 1 🔯 YES 2 🗌 NO
ERAL	100. STREET AND NUMBER 2213 Booth St.			10	21223		USA	N OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES	IRMED NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2- NO Specifi	NC ORIGIN? (Specify Yee in, Puerto Rican, etc.)	or No— 1	s. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	DECEDENT'S USU 'Give kind of work of the Do NOT use not aundry	tone during mo	ON et of working	16b. KIND OF BUS	BINESS/INDUS	TRY
BE CON	17. FATHER'S NAME (First, Middle, Lest) Raymond Dent	240				ME (First, Middle, Malden 7 Snowden		
0	19a. INFORMANT'S NAME (Type/Print) Rosie Sye					Route Number, City or Town, Balto.,		-
	20e METHOD OF DISPOSITION 1 \(\tilde{\Omega}\) Burlel 2 \(\tilde{\Omega}\) Cremation 3 \(\tilde{\Omega}\) Remote 4 \(\tilde{\Omega}\) Donation 5 \(\tilde{\Omega}\) Other (Specify)	oval from State 20b. PLAC		N (Name of ce tern	Star			ille, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC). (3-	Jose		Brown Jr.		eral Home alto., MD
	23. PART I. Enter the diseases, or o shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each list	no. Us cer			ident		t, Approximate interval Between Onset and Deatt
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	neg	+	allu	<u>.</u>		
MEDICAL CE	PART II. Other significant condition	e contributing to death but not	t resulting in th	a underlyin	g cause given in	Part I. 24a. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l or	26. P	LACE OF DEATH (Ch	eck only one)		,
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	Inpatient 2 ER/Outpatient 28a, DATE OF INJURY (Month, Day, Year)		Nursing Hor 28c, IN	TURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stree	, factory, offic	20	28f. LOCATION (Street of City or Town, State)		Rural Route Number,
COMPLETED	2001	CIAN: To the best of my knowledge,						
BE	296. SIGNATURE AND TITLE OF CERTIFIES	repusale	ni		29c. LICENSE NUI	0661	29d. DATE	BIGNED (Morth, Pay, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (T	TEM 27) (Type, Frin	on s	reour	s Host	النار	2 ,





31. DATE FILED (Month, Day, Year)
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232. REGISTRAR'S SIGNATUREDO



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attending physician and completely findal Hygiene prior to burial, crematio

signed by the attending phy Health and Mental Hygiene

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 ho
NOISI/	ATTENDING
	Œ
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	HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. STATE REGISTRAR 1 -2. OATE OF DEATH MONTH FEB. 25 1. DECEDENT'S NAME (First, Middle, Last) 25,1991 FANNIE E. CONNELLY 3:15 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🗌 M 2 屎 F 89 MAY1,1901 215-07-0666 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE, CITY CENTER 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE, CITY MD. 1 X YES 2 | NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 21216 3333 ALTO ROAD U.S.A. 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexicon, Puerto Rican, etc.) 1 U YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN 0.S. ARMEO FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. t Never Megled 2 Merried BY Divorced 3 Widowed WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EOUCATION (Specify only highest grade comple Elementary/Secondary (0-t2) College (1-4 or 5+) CLOTHING N/A HAND SEWING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) BUD WOODROE KATE KESSLER BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip C 713 ROBINSON STREET. BALTO, MD. 19e. INFORMANT'S NAME (Type/Print) Zip Code) D. 21224 ROSALIE BURDYCK examiner must be 20e. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE ANO OATE OF DISPOSITION (Name 20c. LOCATION --- City or Town, State OATE /28 BALTIMORE, MD. 21213 4 Donation 6 Other (Specify) BALTIMORE CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 William & HENRY W. JENKINS AND SONS. BALTO, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximats shock, or heart fellure. Liet only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): Resputing
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING Cardiac CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) that initisted eventa resulting in death) LAST PART II. Other significent conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 | YES 2 | NO 1 YES 2 140 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1- YES 2 10 Inpetient 2 ER/Outpetient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 4 🗌 Nurs 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 20b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural L DIRECTOR: After this bours after death will litem 28 is marke 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

(Check ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner se stated. TO THE FUNERAL DE filed within 72 h 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 Derance of 2-25-91 D3 7263

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31. DATE FILED (Month, Day, Year) MAR 0 1 1991

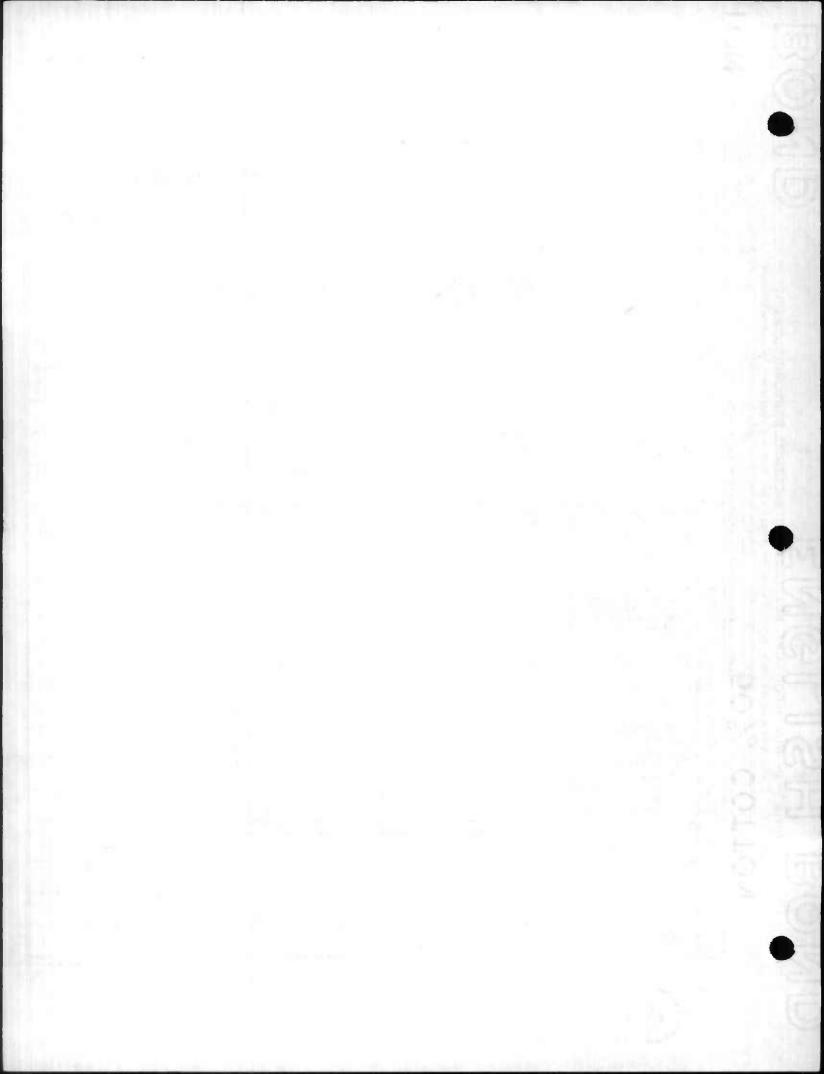
TLANCE

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Libert

32. REGISTRAR'S SIGNATURE ia Tavidson-Randelle

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OF VITAL RECORDS, P.O. BOX 13146	JOODITAL OD ATTENDAD BUNGLIAM. The law remainer that the death certificate he executed within
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DIVISION	ATT A
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	1 - STATE REGISTRAR		STATE OF N	MARYLAND / DI CER	EPAR	TMENT ICATE	OF HEA	EAT	AND I	MENTAL HYGIEN REG. NO		91	05401
1	1. DECEDENT'S NAME (First,	Middle, Last)				0				2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
		lizabet				_	iczer			February	14,	1991	1:00 A
	4. SOCIAL SECURITY NUMB		5. SEX 1 M 2 7 F	5. AGE (In yrs. lest bir		IF UNDER		UNDER :	MIN.	7. DATE OF BIRTH (Mogth, Day, Year)		Country	
	324-22-4545		-75	03	ine.	ah com	, TOWN OR L	OCATIO	N OF DE	12/31/01	I a. 001	INTY OF DE	ngary
Œ	Manor Care							CCATTO	M OF DE	2414			
DIRECTOR	RESIDENCE OF DEC		i C			Po	tomac				MULL	tgome	sry
E	10a. STATE	10b. COUNTY		10		10000	OR LOCATION						10d. INSIDE CITY LIMITS?
	Md.	Montgo	omery		Re	ekvi							1 YES 2 NO
FUNERAL	3 Old Club	Court					1011 0111	852			10g. CIT	TIZEN OF W	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 S Divoc	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES	D			Cuber	n, Mexica	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.)	a or No	14. RACE Black Specif	— American Indian, , White, etc.
ED	15. DECI	EDENT'S EDUCA	ATION	16a. DECEE	DENT'S	USUAL O	CCUPATION during most of	Lundia		16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0		College (1-4 or 5 -	His Do	NOT u	etired.)		WORKIN	g				
Ö	17. FATHER'S NAME (First, MI	ddle, Last)					16	. MOTH	IER'S NA	ME (First, Middle, Malder	Surname)		
BEC	Rudolph F	rommer						Le	oni	e Kornfeld			
5	19a. INFORMANT'S NAME (7)									Route Number, City or Tox			
-	Peter Fromm									ckville, N		20852	
	20e. METHOD OF DISPOSITI	ON 3 - Remov	vel from State	20b. PLACE OF other place)								City or Ton	
	21. SIGNATURE OF FUNERAL			2	HC	22.	NAME AND A	DORES	S OF FA	CILITY			Mer
	► La	u,	L. Ko	ufman						an Funeral			227
CERTIFICATION	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immercause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS	ons, b. b. diate NG c.	DUE TO	(OR AS A CONSEQUE	NCE O	F):	ne	UN NU	rla	n Gerea	re		
CEF		d.											
MEDICAL	PART II. Other algorifica ALZheu gastrours	men	s Der	rentra	ulting	in the u	nderlying c	ause g	jiven in	Part I, 24a. WAS AI PERFO	RMED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL					28. PLAC	E OF D	EATH (C)	neck only one)			
Sic	EXAMINER?		HOSPITAL:	ER/Outpetlent 3 🗆	DOA	OTHE	R:			6 Other (Specify)			
PHYSICIAN:		Pending	28a. DATE OF (Month, D		86. TIR		28c. INJURY WORK?	Y AT		28d. DESCRIBE HOW	INJURY O	CCURED	
TED BY	3 Suicide 6	Investigation Could not be determined	28e. PLACE (building,	OF INJURY — At home, etc. (Specify)	, farm,	street, fed				261. LOCATION (Street City or Yown, State		er or Runal F	Route Number,
COMPLETED	CONTROL ONLY									to the cause(a) and m			i) and manner as stated.
TO BE C	296, SIGNATURE AND TITLE	Rael	119	rales	n	10			ENSE NU	MBER 78/			(Month, Day, Year) ry 14, 199
	30. NAME AND ADDRESS OF		~					Av	enu	e, NW, Was	hing	ton,	DC 20016
	31. DATE FILED (Month, Day,		4	AR'S SIGNATURE									
	MAR 0 1 1	991	John Davis	Gon-Randell	-								

32. REGISTRAR'S SIGNATURE The Savidson Pandelle refinal to the first to the fir

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TO BE COMPLETED BY FUNERAL DIRECTOR

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CHARLES

1 - STATE REGISTRAR	SIMIL UT IV	CERTIF	ICATE C	F DEATH	MENIAL TIGIEN	13 9	100001
1. DECEDENT'S NAME (First, Middle, Last)	Charle	s Harold Co			2. DATE OF DEATH		3. TIME OF DEATH
Coonce, Cha		++		4	DA 2	1 91	6 30 AM
4. SOCIAL SECURITY NUMBER	6. SEX	8. AGE (In yrs. last birthday)			7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
363055003	1 M 2 D F	76 YRS.	MONTHS DAY	rs HOURS MIN.	2/16/15		lumirck, Ill.
9a. FACILITY NAME (If not institution, give stre	set and number)		9b. CITY, TOV	VN OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH
Howard Cound	4 Gent	eval Hosp	Cole	umbia,	Maryland	2 th	oward
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CI	TY, TOWN OR LO	CATION	0		10d. INSIDE CITY
00-	sucro	0	olun	42			LIMITS?
10e, BTREET AND NUMBER	300070		- var	10f. ZIP CODE		10a CITIZEN	1 YES 2 NO
SCHILLS DESCRIPTION	urs	Apt T1		21045			.A.
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13. WAS	DECENDENT OF HISPAI	NIC DRIGIN? (Specify Yea	or No— 14.	RACE — American Indian,
1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO		i, specify Cuben, Maxica YES 2 A NO Specif			Black, White, etc. Specify: White
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION (CONTROLLED CONT	18a. DECEDENT'S		PATION most of working	16b. KIND OF BUS	INESS/INDUST	rry
Elementary/Secondary (0-12)	College (1-4 or 5+	Illin Do NOT :	use retired.)	g most or working			
12		Minis	ster		Religi	on	
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden		
Guy Coonce					le Louetta		
G. Lorene Cazzell	Coonce		ane as		Route Number, City or Town	n, State, Zip Coo	de)
20a, METHOD OF DISPOSITION	Coonce				l		
1 ☐ Burial 25€ Cremation 3 ☐ Remo	val from State	other place)		cemetery, cremetory or rematory			or Town, State
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /7	- Merropol		E AND AODRESS OF FA		TEXALLO	IIIa, VA
101	91				neral Servi	.ce	
stand (TLI	aulso		11s Church			
23. PART I. Enter the diseases, Dr co shock, or heert fellure. L	int only one cou	t caused the death. Do	not enter the	mode of dying, suc	ch as cerdisc or respi	ratory arrest	, Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition	<	angerte	ie 1	unt 7	Tuller		Onset and Death
resulting in death)		(OR AS A CHREQUENCE	OF);				24.4
		Seein	api	ela.			2900
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUENCE	DE):	enal t	Enla .		
CAUSE (Disease or injury		Curani		max 7	cues		
thet initiated events resulting in deeth) LAST	DUE TO	(DR AS A CONSEQUENCE	OF):				
d.							-
PART II. Other significant conditions	contributing to	death but not resulting	In the under	iying cause given in			24b. WERE AUTOPSY FINDINGS
					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							OF DEATH?
					_		
25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEATH (C)	heck only one)		
EXAMINER?	HOSPITAL:	ER/Outpetlant 3 🗆 DOA	OTHER:	Home 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE DF (Month, D			INJURY AT WORK?	28d, DESCRIBE HOW II	NJURY OCCUR	ED
1 Natural 5 Pending 2 Accident Investigation	(MONN), D	wy, rour/		YES 2 ND			
3 Suicide 6 Could not be	28a. PLACE O	F INJURY — At home, farm, atc. (Specify)	street, factory,	offica	281. LOCATION (Street a City or Town, State)		Rural Route Number,
4 Homicide detarmined		and (opoony)			Only or lown, dialey		
29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, death occur	rred at the time,	data and place, and du	e to the cause(a) and mar	ner as stated.	
000)	: On the basis of a	xamination and/or investigat	lon, in my opinie	on, death occured at the	time, deta and place, an	d dua to the c	ause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIED	Wa.	/		29c. LICENSE NU	MBER	29d. DATE SI	IGNED (Month, Day, Year)
XI.	Delles	1				12	124/91
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAN	E OF DEATH (ITEM 27) (Typ	oe, Print)	2		1	- // /
1101 maide	to ch	aice la	ine	salt.	NO 2	122	9.
MAR 0 1 1991 St	che Davidso	AR'S SIGNATURES					

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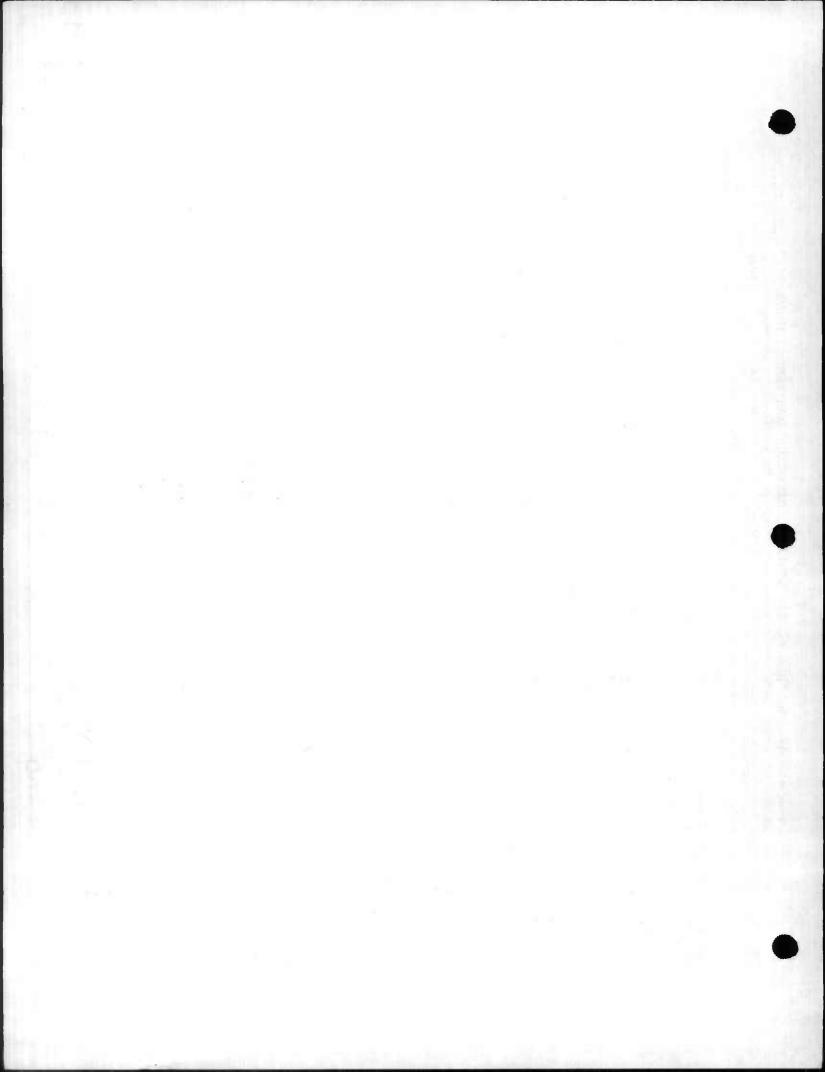
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked

1	FOR STATE REGISTRAR	STATE OF MAR			MENT OF H		IENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last) RUTH	K. DEI	NISON		W-		2. DATE OF DEATMONTH	TH DAY 27	YEAR 91	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 216-28-2870	1 M 2 X F	AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	и	e. BIRT Coun Net	HPLACE (State or Foreign try) York
	9a. FACILITY NAME (If not institution, give s 204 E. Joppa Rd.		5		96. CITY, TOWN O	PR LOCATION OF DEA	ATN		timo	
	RESIDENCE OF DECEDENT 106. STATE Maryland Balti			10c. CITY	TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	100. STREET AND NUMBER 204 E. Joppa Rd.,	Apt. 516				ZIP CODE		1000	S.A.	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	12. WAS OECEDENT EV FORCES? 1 I	YES 2 N		It yes, sp	ENDENT OF NISPANI ocity Cuban, Maxican 2 NO Specify:	, Puerto Rican, et		Spe	CE — American Indian, ck, White, etc. city:
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(GI	ve kind of w Do NOT use	JSUAL OCCUPATION ork done during month retired.)	st of working		F BUSINESS/II	DUSTRY	
	1.2 17. FATHER'S NAME (First, Middle, Last)		Sect	etar	y-Treası	16. MOTNER'S NAM	IE (First, Middle, M	Denis		CO.
	George Kraft 19a. INFORMANT'S NAME (Type/Print)		196			nd Number or Rural R				
	Robert K. Denison 200. METHOD OF DISPOSITION **CXBurial 2 Cremetion 3 Rem	-		AND DATE	OF DISPOSITION		DATE 20	c. LOCATION -	– City or 1	A CONTRACTOR OF THE CONTRACTOR
	4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE Wallace		Se I	ine	Ruck '	netery 3 no adoress of fact Towson Fu York Rd.	neral H	ome, I	nc.	
	23. PART I. Enter the diseases, preshock, present feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)		Dn aach iina				as cardiac pr	respiratory a	rrest,	Approximate interval Batwee Onset and Dea
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	R AS A CONSEC			-				
	PART II. Other significant condition M YELOI	yspus		esulting i	n the underlyin	g cause given in I	Pi	AS AN AUTOPS ERFORMED? (ES 2) NO	Y 24	ib. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:	ACE OF DEATN (Che		V)	+	
	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,		28b. TIMI INJ	OF 28c. IN.	URY AT DRK? YES 2 NO	28d. DESCRIBE		CCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.		me, farm, s	treet, factory, offic	•	28f. LOCATION (S City or Town,		ber or Rura	l Route Number,
	one)	ICIAN: To the best of my								r(a) and manner as stated.
	296. SIGNAPORE AND TITLE OF CERTIFIE	Elel	ing	W		D348	BER 27	29d. D.	ATE SIGNE	ED (Month Day, Year)
	James Ebeling M. 31. DATE FILED (Month, Day, Year)		sler D	r.		2 , Tows	on, Md.	21204	/	





TO THE FUNERAL DI TO THE FUNERAL DI De filed within 72 hou	1. AT LINDING FILLIDING. THE BOTH EQUING DISK DISK DISK DISK DISK DISK DISK DISK	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh	6	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
F Z S	THE PROPERTY OF AN ENDING FINE	THE FUNERAL DIRECTOR: After this (hours af	APORTANT If Item 28 is marked
	ľ	101	be fi	MP

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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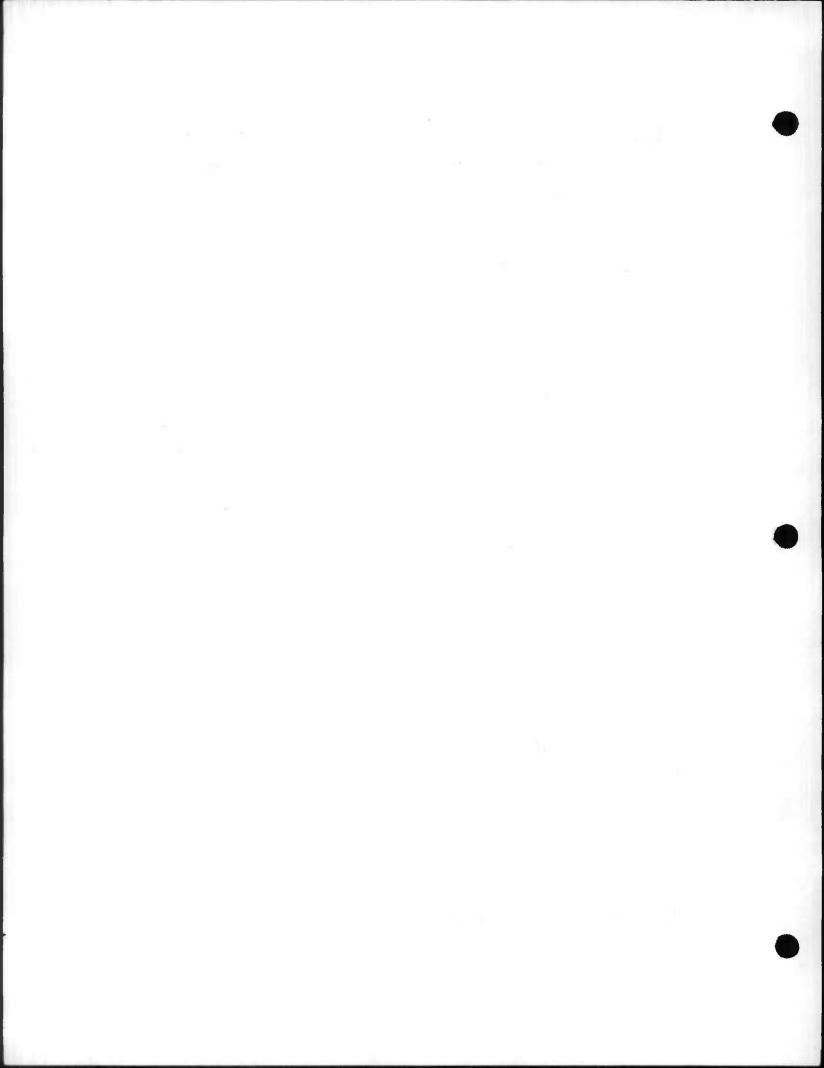
2. DATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 4:30 PM unst homas on 26 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign Month, Day, Year) 916186 90 DAYS HOURS 65 1 M 2 F 92 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Loch Raven VA Medical Center BALTIMORE RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 1 XYES 2 NO 10c. CITY, TOWN OR LOCATION MD Baltimore FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21202 USA 501 E. PRESTON STREET, APT. 631 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 X Divorced BLACK 2/5/44-5/19/46 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 19b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 6+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANNA DUNSTON HEWELTT EDWARD DIMSTPM 8 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 THOMAS DUNSTON, JR. 3619 FORST HILL RD: BALTO. MD. 21207 20a_METHOD OF OISPOSITION
1 4 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State OWINGS MILL, MARYLAND GARRISON FOREST CEMETERY 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE eses, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, t fellure. List only one cause on each line. 23. PART I Enter the dise Approximete Onset and Death IMMEDIATE CAUSE (Fine disease or condition Acute Renal Failure reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Premoria - Aspiration CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Bleeding Diate
DUE TO FOR AS A CONSEQUENCE OF: Diatheris ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events latelet Dysfunction resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Bilatera AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO atient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be ED 4 Homicide Ш 29a. CERTIFIER

(Chank note 1)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attated. COMPL 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE and ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2/26/91 Univotmo resident 2 Department of Andrew H 399 Greene St. Bultimore MD 3170 wick M.D medicine 31, DATE FILED (MOOTH, Day, Year) MAR 0 32. REGISTINAR'S SIGNATURE

wia Davidson-Randoll



DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

the hos	e detache	t once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 20 hours after death with the State Detrin of Health and Mental Hollere prior to build: cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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ge 6 m	lrector.	r must
eath. Pa	funeral d	xamine
after d	by the	lical e
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A ATTE	RECTOR	m 28
ITAL OF	AL DII	If He
HOSPI	FUNEF	TANT
10 THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnal and within 72 hours after death with the State Dent of Health and Mental Hydlene prior to burial, cremation, or removal	IMPO

	REGISTRAR			CITIES .	OAIL	OI.	DEA		H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	GEORGE V	L FORE	MAN	nl							YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	S. AGE (In yes. A	and hiddholand	IF UNDER	VELO	IF UNDE	24 MDC	7 DATE OF B				IPLACE (State or Foreign
	163-09-6966	1 M 2 □ F	78		MONTHS	DAYS	HOURS	MIN.	SEPT.	3, 1	912	Counti	NNA.
	Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCAT	ON OF DE	F DEATH 9c. COU			UNTY OF DEATH	
DIRECTOR	Bel Fores	+ NURS	ING 1-	10 me.	ome 109 Forest Valley DR Har							rte	ord
Ä	10m. STATE 10b. COUN				10c. CITY, TOWN OR LOCATION 10							10d. INSIDE CITY	
	MARYLAND H	ARFORD		EDGEWOOD							1 TES 2 XXVO		
AL	10e. STREET AND NUMBER					101	ZIP COD		10g. CITIZEN OF W			VHAT COUNTRY?	
5	1936 SIDNEE DRIV					21	.040			U	. S.	Α.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1) IF YES, GIVE W	YES 2								E — American Indien, k, White, atc.		
	15. DECEDENT'S ED			ECEDENT'S					16b. KIN	D OF BUS	INESS/INI	DUSTRY	
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5 +		Give kind of work done during most of working lie. Do NOT use retired.)									
립	NA	NA		CHECKER					CAN	TON	R.	R.	
0	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First, Middle, Melden Surneme)								
BE C	AMOS FOREMAN							ES	TELLA	SHEA	RER		
	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural i	Route Number, C	ity or Town	, State, Zij	Code)			
2	MRS. AGNES FOREMA	1936 9	SIDNE	EE D	RIVE	, ED	GEWOOD	, MD	. 21	040			
	20s. METHOD OF DISPOSITION XXX Burial 2 ☐ Cremation 3 ☐ Rei	E OF DISPOS	ITION (Nar	ne of cer	metery, cre	matory or		20c. LO	CATION -	City or To	own, State		
	4 Donation 5 Other (Specify)	ENS OF FAITH CEMETERY BALTIMO							IMORE, MD.				
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		S	CHI	MUNE	SS OF FA	NERAL I	HOMES	, IN	IC.		
	(Thurs	7. 196	regi		3.	331	BREI	MS I	LANE, E	BALTI	MORE	E, MI	21213
	23. PART I. Enter the diseases, or shock, or heart feiture IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one cati	se on each lin	ne.									Interval Batween Onaet and Death
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) A Spitation Presult on Presulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
	DART II Oshar da Mara								B. 1. I				
: MEDICAL	PARI II. Utner signmeant condition	t resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO					240	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 540					
Y N	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (Ch	eck only one)		_		
200	EXAMINER?	HOSPITAL:	FR/Outnotient	3 [] DOA	OTHER	t:	67		e 🗆 Other (Sc	naciful.			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, D	INJURY	28b. TIM	-	28c. IN.	URY AT ORK?		28d. DESCRI		NJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide e Could not b 4 Homicide determined	28e. PLACE O	F INJURY At	home, farm, s	treet, fact		- 1/1		261. LOCATIO City or To	N (Street e own, State)	and Numbe	or or Rural	Route Number,
COMPLETED	CHECK ONLY	SICIAN: To the best of NER: On the basis of a								•			a) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CENTIF	ER						ENSE NU			29d. DA		O (Month, Day, Year)
H	<	7/	-	1			L	35	012		•	2/2	8/81.
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	J. KEVIN LYNCH M. D., 620 BOULTON ST., BEL AIR, MARYLAND 21014												
	31. DATE FILED (Marth, Day, Mart J. J. REGISTRAR'S SIGNATURE MAR 1 1991 Julia Day down-hands												

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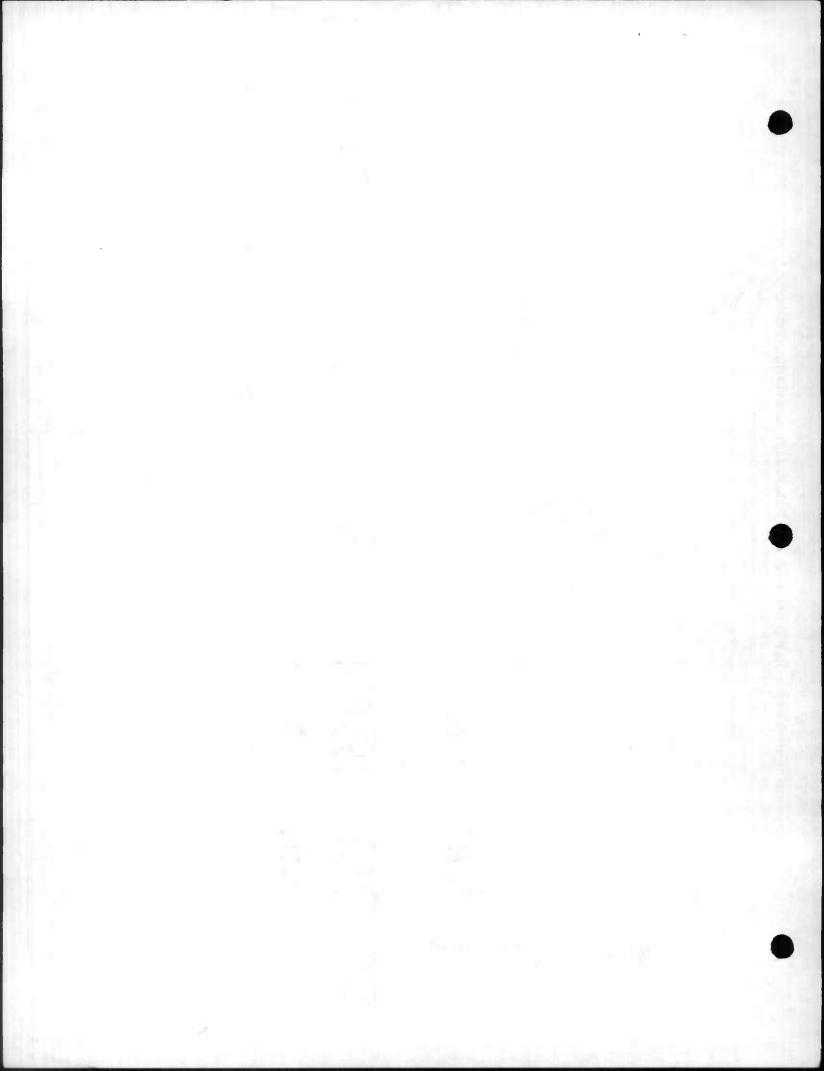
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

tal or attending applican	for use as the number musit permit. Pages 1, 2, 3 should	-	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or atternors.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use serine huntil person 1. 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

- 1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Le			2010	ICATE OF	DEATH	MONT	OF DEATH		YEAR	3. TIME OF OEATH	
TO BE COMPLETED BY ENNERAL DIRECTOR	JOA:	NNE S. FII	Y				_	-28-	91	1	558 A M	
		1 M 2 F	6. AGE (In yrs. In	VRS. IF UNDER 1 YEA		HOURS MIN	(Monti	nth., Dav. Year!		Country		
	9a. FACILITY NAME (If not institution, gi		69	1110.	9b, CITY, TOWN	OR LOCATION OF	_	DEC. 26 1921			MD.	
TOR	ST. JOSEPH HOS	PITAL //				IMORE	Mest				IMORE	
BEFOREHAL	MD .			10c. CITY, TOWN OR LOCATION BALTIMORE						16d. INSIDE CITY LIMITS? 1 M YES 2 NO		
	100. STREET AND NUMBER 3225 WOODRING	AVENUE			10	4	10g. CITIZEN OF			U.S.A.		
	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	NT EVER IN U.S. A I YES 2 X WAR OR DATES		13. WAS DEC	CENDENT OF HIS secify Cuben, Mea 3 2 NO Spe	PANIC ORIGIN Ilcan, Puerto ecify:	I? (Specify Yea Rican, etc.)	or No—	14. RACE Black Specif	- American Indian, White, etc.		
9	15. OECEDENT'S I (Specify only highest or	EOUCATION	18e. D	ECEDENT'S	USUAL OCCUPATION Work done during me	16b	KIND OF BU	SINESS/IND	USTRY			
TO BE COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5		B. Do NOT u	se retired.)			DE	PT. S	TORE		
	N/A N/A SALESPERSON DEPT. STORE 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surrame)											
	17. FATHER'S NAME (First, Middle, Lest) SALVATORE SCHFIDI VINCENZENA											
	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street							
=	DONALD J. FITZG	IBBONS (HU	JSBAND)	3225	WOODRI	NG AVEN	UE, BA	LTIMO	RE, M	D.	21234	
d	20s. METHOD OF DISPOSITION 1XPBuriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) PARKWOOD CEMETERY 20c. LOCATION — City or Town, State of cemetary, crematory or other place) PARKWOOD CEMETERY BALTIMORE, MD.											
	21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME INC.											
	· Sugar	1 70	Ilm	5 1							. 21236	
	23. PART I. Enter the diseases, of complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between shock, or heart fellure. List only one cause on each line.											
	IMMEDIATE CAUSE (Finel				HEMO	ORHAI	-				Interval Between Onset and Death	
	disease or condition resulting in death)	INTR	ACERSO	KAL	HEITT	K C-17 C						
		DUE TO	OR AS A CONSI	EOUENCE C	PF):							
ON	Sequentially list conditions, if any, leading to immediate oue to (or as a consequence of):											
2	CAUSE (Disease or Injury											
=	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
- 1	DARK II OU I III I II									_		
A	PART II. Other aignificant condi	tions contributing to	death but not	reaulting	in the underlyin	ig cause given	In Part I.	24a. WAS AN PERFOI		24b,	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								1 TYES 2	NO		OF DEATH?	
Σ		<u> </u>					-				1 TYES 2 NO	
	25. WAS CASE REFERRED TO MEDICA				28. P	LACE OF DEATH	(Chack only o	ne)				
A	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 □ DOA	OTHER:							
SICIAN	1 YES 2 NO 10 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY 280. TIME OF 280. INJURY AT 280. DESCRIBE HOW INJURY OCCURED INJURY AT 10 DESCRIBE HOW INJURY OCCURED											
	1 Natural 5 Pending	M 1 YES 2 NO 20 Accident investigation									ber or Rural Route Number,	
B	1 Natural 5 Pending investigati	be 28e. PLACE building	OF INJURY At h	ome, farm,	street, factory, offic	ce	28f. LOC City	ATION (Street or Town, State)	and Number)	or Rural F	loute Number,	
B	1 Neturel 5 Pending Investigati 3 Suicide 6 Could not determine	be 28e. PLACE building	, etc. (Specify)				City	or Town, State,)		loute Number,	
	1 Naturel 5 Pending Investigati 3 Suicide 6 Could not determine 29e. CERTIFIER (Check only	be d 28e, PLACE building	n, etc. (Specify)	leath occur	red at the time, dat	e end place, and	City	or Town, State,	nner as sta	ted.) and manner sa stated.	

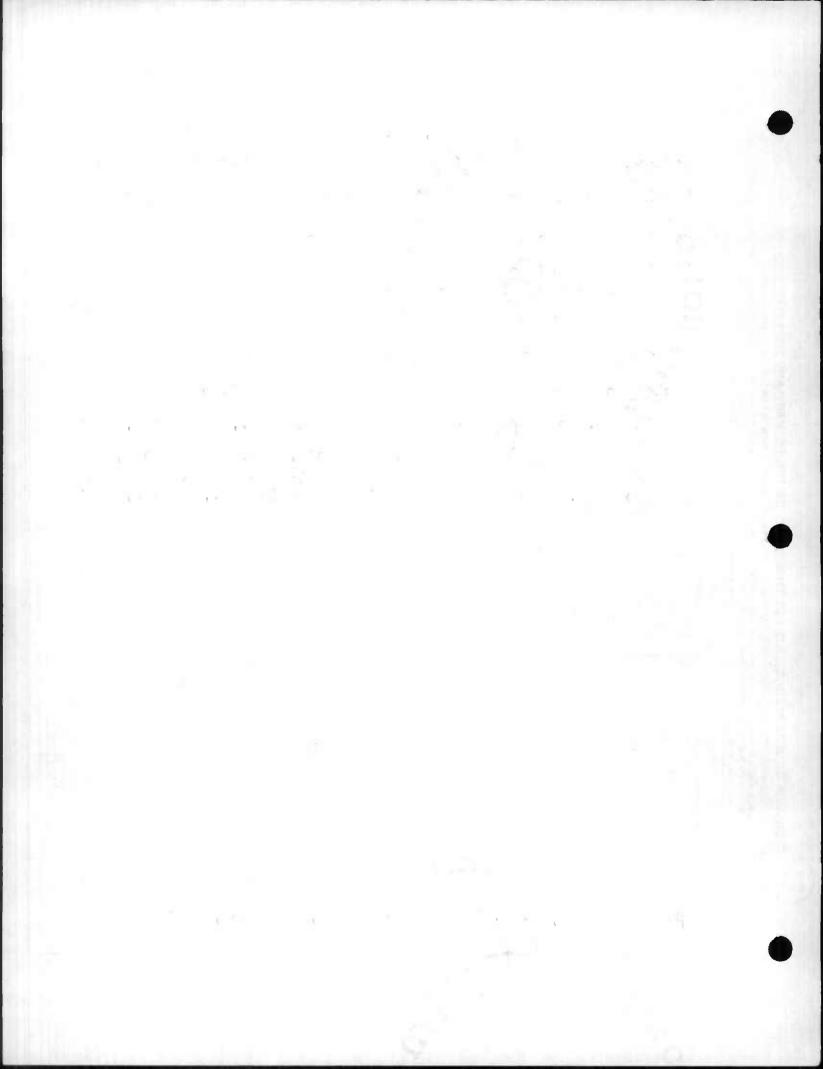
32. REGISTRAR'S SIGNATURE &

31. DATE FILED (Month, Day, Year)



1 - STATE REGISTRAR		CERT	IFICATE O	DEATH	REG. NO							
1. DECEDENT'S NAME (First, Midd					2. DATE OF DEATH DON'TH D	AY YE.	3. TIME OF DEATH					
	Joseph Fo	rmanek,	Sr.		02-27-9		М					
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birtho	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Mgnth, Day, Year)	6. E	DIRTHPLACE (State or Foreign country)					
326-12-8936	1 🔀 M 2 🗌 F	72 YR	is.	William .	(Mgnth, Day, Year) 04-03-1	918 I	llinois _					
9a. FACILITY NAME (If not institute	on, give street and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH					
16 Pleasent		t 21001	Abe	rdeen		Har	rford					
10a. STATE 10b.	COUNTY	10c.	CITY, TOWN OR LOC)		10d. INSIDE CITY LIMITS?					
	Harford			rdeen			1 Tes 2 No					
16 Pleasent	Wind Cour	+		21 001		10.50	TIZEN OF WHAT COUNTRY? USA					
11. MARITAL STATUS		IT EVER IN U.S. ARMED	13, WAS D		NIC ORIGIN? (Specify Ye		14. RACE — American Indian,					
10. STREET AND NUMBER 16 Pleasent 11. MARITAL STATUS 1 Never Merried 2 Marri 3 Widowed 4 Divorced	COROCCO	YES 2 NO	If yes,		an, Puerto Ricen, atc.)		Specify: White					
15. DECEDEN	T'S EDUCATION est grade completed)	18a. DECEDE	NT'S USUAL OCCUPA d of work done during	TION	16b. KIND OF BU	SINESS/INDUST	RY					
Elamantary/Secondery (0-12)	College (1-4 or 5	Him Do N	OT use retired.)	nost or working								
12th	2yrs		urchasi	ng Manag	ger Bat	a Sho	е					
15. DECEDEN (Specify only high Elementary/Secondery (0-12) 1 2 th 17. Father's NAME (First, Middle,					ME (First, Middle, Maider	Surname)						
Vaclay Jose	f Formanek			Marie	Stilipov	a						
19. INFORMANT'S NAME /Time/P		· · · · · · · · · · · · · · · · · · ·	LING ADDRESS (Street		Route Number, City or Tov		fe)					
Ludmila L.	Formanek	16	Please	at Wind	Ct. Ar	erdee	n. MD 21001					
200 METHOD OF DISPOSITION			SPOSITION (Name of			CATION - City						
1 Buriel 2 K Cremation 3		other place)										
4 Donatton 8 Other (Specify) Metro Crematory, Inc. Baltimore, MD												
Cremation Soceity of Maryland												
George												
immediate cause (Final disease or condition resulting in death)	a. Aden	O CA PY	1 1 1	with			Interval Batwean Onset and Death					
Sequantially list conditions if any, leading to immediate cause. Enter UNDERLYING		OR AS A CONSEQUEN	mets.									
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH	onditione contributing to	daath but not resul	ting in the underly	ing cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XNO					
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:	1	OTHER:	PLACE OF DEATH (C	heck only one)							
1 TES 2 X NO		☐ ER/Outpatient 3 ☐ D	OA 4 I Nursing H	ome 5X Residence								
27. MANNER OF DEATH 1 X Natural 5 Pend	fing	F INJURY 260 Day, Year)	INJURY	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED					
2 DADORDIN	d not be mined	DF INJURY — At home, f , etc. (Specify)			28f. LOCATION (Street City or Town, State		Aural Route Number,					
one)	NG PHYSICIAN: To the best of						ause(a) and manner as stated.					
286. SHOMATURE OF CERTIFICA D DOC TITLE OF CERTIFICA D DOC TITLE OF CERTIFICA D DOC TITLE OF CERTIFICA D DOC TITLE OF CERTIFICA D D D D D D D D D D D D D D D D D D D												
B.D. PAREKH MD. DIE 424 2-27-91.												
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
30. NAME AND ADDRESS OF PE	RSON WHO COMPLETED CA	JSE OF DEATH (ITEM 27)	(Type, Print)									
30. NAME AND ADDRESS OF PE Bharat Par 31 DATE FILED (MORE), POR 1047	ekh M. D.		rford Ro	ad. Fal	lston. M	D 2104	∤ 7					

BALTIMORE, MARYLAND 21203-3146

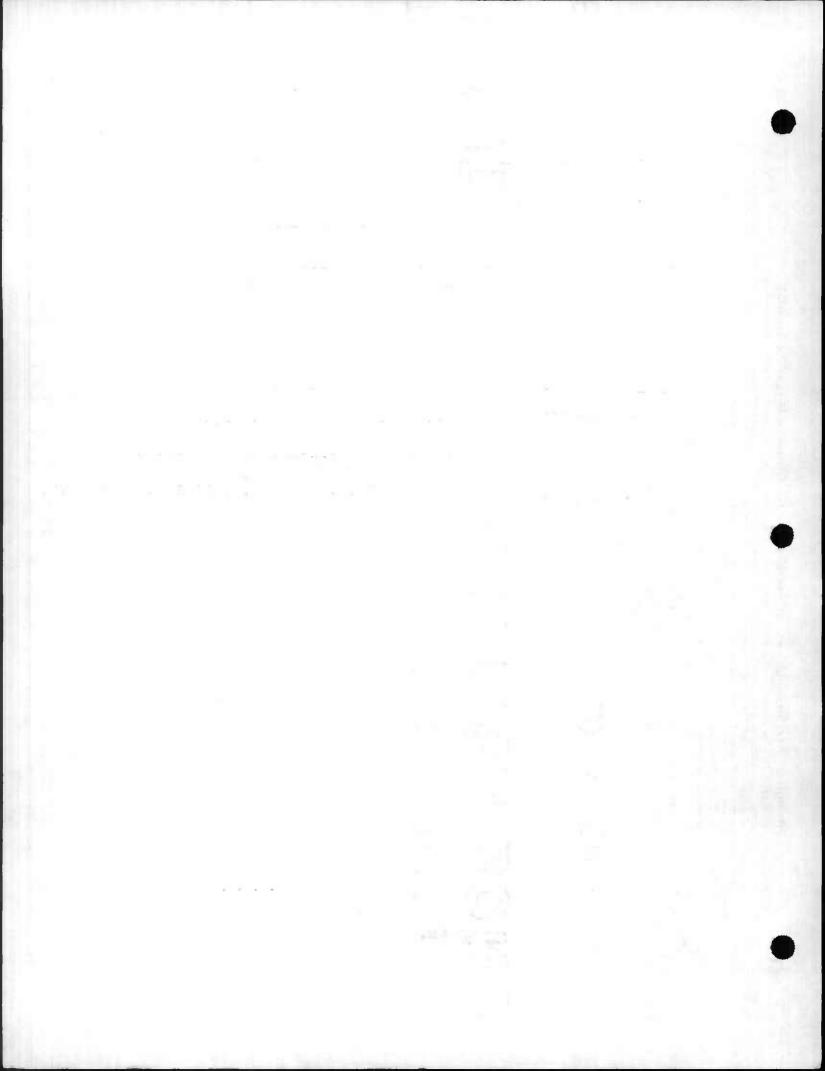


IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	:HIIF	ICALE	OF	DEATH		REG. NO.					
i	1. DECEDENT'S NAME (First, Middle, Last)							MON			YEAR	3. TIME OF DEATH		
		Agnes		ordon								3:56 P M		
	4. SOCIAL SECURITY NUMBER 215-26-0307DI		B. AGE (In yrs. les	t birthday) YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mor	e OF BIRTH oth, Day, Year) 29-25	Cour		LACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give str											OUNTY OF DEATH		
<u>ق</u>	1020 W. Franklin	Street		Baltimore City										
ပ္ပါ	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCAT	TON					10d. INSIDE CITY		
DIRECTOR	MD			BALTIMORE CITY								LIMITS?		
₹ I	10e. STREET AND NUMBER		*		101	ZIP CODE		10g. CITIZEN OF W			NAT COUNTRY?			
<u> </u>	1020 WEST FRA	ANKLIN S	TREET	1st	. F1		21223	U			USA			
FUNERAL	MARITAL STATUS	MED			ENDENT OF HISPA			or No-	14. RACE Black,	- American Indian, White, etc.				
B	X Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA			If yes, specify Cuban, Mexices 1 YES 2 NO Specify				Thomas design		Specify			
요	15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON .	16	b. KIND OF BU	SINESS/IND	USTRY			
	(Specify only highest grade Elementary/Secondary (0-12)	Do NOT us	work done d se retired.)	unng mo	st of working									
ᆲ	67 th Grade	Disa	bled											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	AME (First	, Middle, Malden	Surneme)				
	Edward I	lacksto	n				Jinni	0	Agne	e		Gordon		
腸	19a. INFORMANT'S NAME (Type/Print)	b. MAILING	ADDRESS	(Street a	and Number or Rural					GOLGOR				
ᄋ	Mary Powell	407	CTIE	יססי	A TO ENTI	15 / 10	a1+4m	0.20.0	Ma	21218				
	20s. METHOD OF DISPOSITION		E OF DISPO					CATION						
ļ.	29a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	crematory	or other pl	ace)			200							
	21. SIGNATURE OF FUNERAL SERVICE LIC	nell			Gardens		728	Bal	t 1mc	re, Md.				
	· 4000	W 1.0					- 1911-010 111		н. 11	01 E	. NO	ORTH AVE.		
	23. PART i. Enter the diseases, or c	omniications that	coused the de	ath Do	not enter	the mo	de of dving eur	ch ea ce	rdiac or reac	iretory arr	nat	Approximata		
	ehock, or heert feliure. Liet only one cause on each line.											Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)													
\ 	DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata ceuse. Enter UNDERLYING										Ì			
윤비	CAUSE (Disease or injury C.													
Ē	that initiated events resulting in deeth) LAST													
<u> </u>														
	PART ii. Other aignificant condition	contributing to	deeth but not	reaulting	in the un	deriyin	g ceuse given ir	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDICAL									1 YES			COMPLETION OF CAUSE OF DEATH?		
									I .	Owy		1 YES 2 NO		
Σ									1 (10)	, 0,- ,				
₹ I	25. WAS CASE REFERRED TO MEDICAL		23. 17			28. P	LACE OF DEATH (C	heck only	one)					
ပ္က	EXAMINER? 1 TYPES 2 NO	HOSPITAL:	EB/Outpatient 1	□ no4	OTHER									
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF		26b. TIN		_	ne 6 🙀 Residence		ESCRIBE HOW	INJURY OCC	CURED			
	1 Naturat 6 Pending	(Month, De	y, Ybar)		JURY	W	PRK?	1100-						
┢	2 Accident Investigation	26a PI ACE OF	INJURY — At h	ama farm	atreat facts			204 14	CATION (Street	and Mumbar	or Burnt D	nuto Mumbar		
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, e	tc. (Specify)	ome, term,	atreet, rack	ory, orne			ty or Town, State		or Hurai ri	oure Number,		
ן ב	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of a	ny knowledge, de	eath occur	red at the ti	me, date	end place, and du	e to the	seuse(e) end ma	nner as stat	led.			
Ž	(oncon only											and manner as stated.		
	2954 SIGNATURE AND TITLE OF CERTIFIE					_	29c. LICENSE NU							
8	Milhard D. Illand									(muran, Day; 100r)				
2	20 HAVE AND ADDRESS OF THE T	7444	F OF BETTUE	W AT ~	. D.J.		0,	C.M	E	0.	2 2	1991		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HARYDWAN A. WREW 111 Penn Street, Baltimore, Maryland 21201													
	31. DATE FILED (Month, Day, Year)	32. AEGISTRAI	A- HONATURE	2							- w 2 y 3	THE PIEVI		
- 1	MAR 0 1 1991 9	man han tage	tion of											

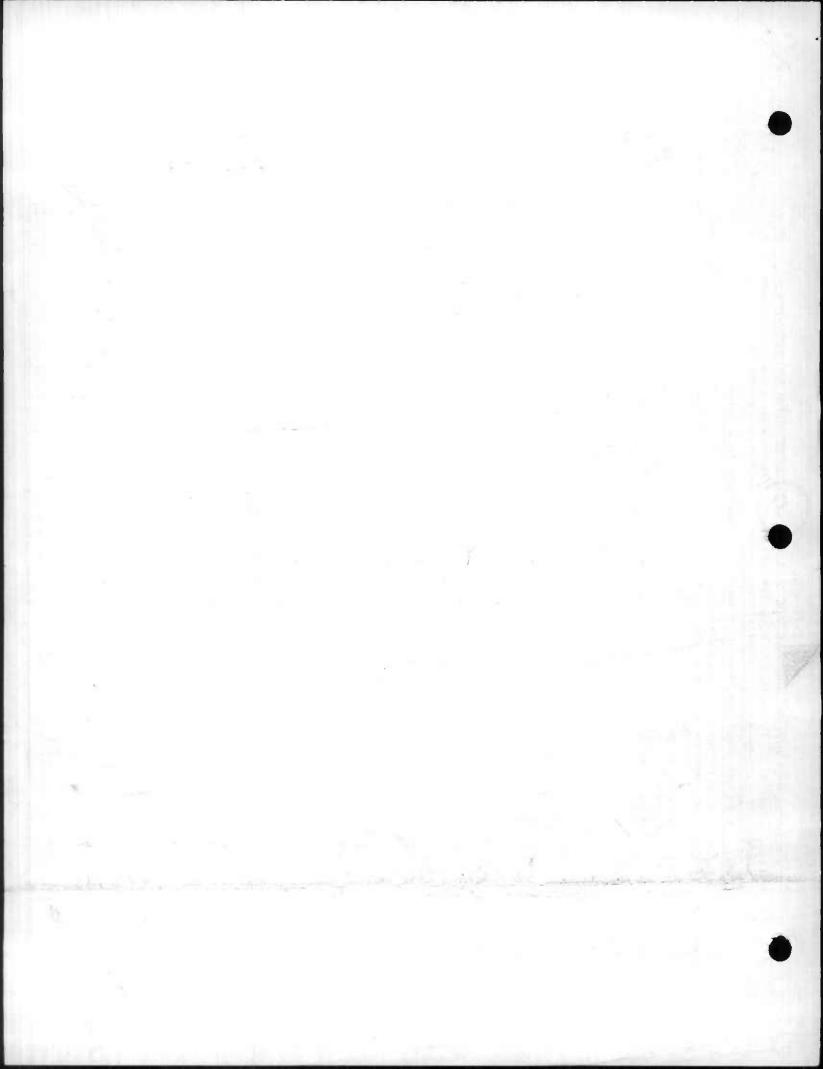


, GALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a second of the companies of may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely ment in the minutal director, page 5 should be detached for use as the burial-be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation or minutal. TEM::11 Dept. FH. G=6.73 3/7/9	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	cate be executed	hysician and com e prior to burial, o	or traumatic ev
DS, P.O. I	t the death certifi	by the attending p	injury, or other
L RECORI	law requires that	as been signed be	23 shows any
OF VITA	PHYSICIAN: The	this certificate h	rked, or item
NOISINI	DR ATTENDING	DIRECTOR: After Yours after death	tem 28 is ma
	HE HOSPITAL	HE FUNERAL (ORTANT: If I

	FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	Narren	A. GRA	NT	2. DATE OF OEATH DAY DAY OF Y	3. TIME OF DEATH 2/0/4 M					
	4. SOCIAL SECURITY NUMBER / 211-28-1451	5. SEX 6. AGE (In	YRS. MONTH		7-31 36	BIRTHPLACE (State or Foreign Country)					
TOR R	98. FACILITY NAME (If not institution, give st	Mary Kin	d Hop 9h. C	Bulto 1	EATH Sc. COUNTY B	a Ho City					
DIRECTOR	10a. STATE 108/COUNTY	Himore Ci	4 Ba	N OR LOCATION	e City	10d. INSIDE CITY LIMITS? 1 SES 2 NO					
FUNERAL	100. STREET AND NUMBER	Caren	Ist	101. ZIP CODE 21223	10g. CITIZEI	N OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1. Never Merried 2. Widowed 4 Olvorced	12. WAS DECEDENT EVERTIN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT YES-10/59-	2 NO	3. WAS DECENDENT OF HISPA. If yes, specify Cultrin, Maxico 1 YES 2 NO Specif	an, Puarto Rican, atc.)	I. RACE — American Indian, Black, White, atc. Specify: Black					
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+)	16a. OECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BUSINESS/INDUS	ducation					
BE CON	17. FATHER'S NAME (First, Middle, Last) Clinton B. Grant	, Sr.	/	18. MOTHER'S N	AME (First, Middle, Melden Surreyne) Leta Wak	2Reh					
10	190. INFORMANT'S NAME (Approxim) CLINTON B GRANT]	II //			BALTIMORE, MARY						
i	20a, METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	other place)	(Name of cométery, crematory or en Memorial I	20c. LOCATION — CH Park West CHEST	Land Committee of the C					
	21. SIGNATURE OF FUNERAL SERVICE LIC	De Parti	1	22. NAME AND ADDRESS OF FA	DeBaptiste Fo	neral Home, Inc Chester, PA1938					
	23. PART I. Enter the diseases, or a shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one ceuse on ea	the deeth. Do not en								
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUT OF AS A CONSEQUENCE OF): UNDERLY/ING C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CI	PART II. Other significent condition	s contributing to death bu	it not resulting in the	underlying couse given is	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C							
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	JRED					
TED BY	2 Accident Investigation 3 Sulcide 5 Could not be determined	26a, PLACE OF INJURY building, etc. (Spec	— Al home, farm, street,	factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(s) and manner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIE	houte	- Broke	MMD 29c. LICENSE NI	UMBER 29d. DATE	SIGNED (Morith, pay, Year)					
7	30. NAME AND ADDRESS OF PERSON WITH KAR! HIPET	OVIR-BI	ATH (ITEM 27) (Type) Print)	MO							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE								

Julia Tavidun-Rande

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

91-1099-510
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

1. OECEOENT'S NAME (First, Middle, Las							2. DATE	OF OEATH	NY	YEAR	3. TIME OF DEATH
	ames		rett					2 25	1	991	12:12 p
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	MONTHS 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH	200	Country	
. FACILITY NAME (If not institution, give	236			Ob CITY	TOWN	OR LOCATION OF D		-10-1	-	NTY OF D	ryland
							EAIN		96. 000	MIT OF DI	AIR
2901 McElderr	y Street			_Bal	tim	ore					
a. STATE 10b. COUR			10c. CITY	r, TOWN OF	LOCAT	TION				I	10d. INSIDE CITY
Md			B	alti	mo:	re					1 YES 2 NO
2901 McElde:	rry St.				101	21205			10g. CIT	U.S	HAT COUNTRY?
MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. ARI YES 2 NAR OR OATES		If	yes, sp	CENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	an, Puerto		or No	14. RACE	American Indian, White, etc.
15. OECEDENT'S E	OUCATION	16a. DE	CEDENT'S	USUAL OC	CUPATION	ON	160	b. KIND OF BU	SINESS/INI	DUSTRY	
(Specify only highest gri	College (1-4 or 5	Ma	Do NOT us	vork done di e retired.)	unng mo	ost of working					
FATHER'S NAME (First, Middle, Last)						16. MOTHER'S N	AME (First	Middle Mairies	Sumamal		
James Garre	++					17. 10. 10. 10.		Holls			
a. INFORMANT'S NAME (Type/Print)	0.0	101	. MAILING	ADDRESS	(Street	and Number or Rural				n Codel	
Mrs. Venessa	Fahian					erry St					205
e. METHOD OF DISPOSITION	1 abian	20b. PLACE								City or To	
☐ Buriel 2 ☐ Cremetion 3 ☐ Re Donation 5 ☐ Other (Specify) _	emoval from State	of cometary.	crematory lens	or other pla	Fa:	ith Cem	1.			, Mo	
. SIGNATURE OF FUNERAL SERVICE	LICENSEE .			22. N	AME A	tley Mi	ACILITY				
Chathy	Mille					7 Harfo					
Sequentially list conditions, any, leading to immediate lause. Enter UNDERLYING CAUSE (Disease or Injury	b	O (OR AS A CONSEC	DUENCE OF	P):							
hat initiated events esulting in deeth) LAST	d.	O (OR AS A CONSEC	NUENCE OF	F):							
PART II. Other significant condit	ions contributing to	death but not r	eaulting I	in the un	deriyin	g ceuse given in	Part I.	24a, WAS AN PERFO 1 DES		24b	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
•		<u> </u>								İ	1 TYES 2 NO
. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		,			LACE OF DEATH (C	heck only o	one)			
1 TYES 2 NO		☐ ER/Outpatient 3	□ DOA	OTHER		ne 5 Pesidence	6 🗆 Ott	er (Specify)			
MANNER OF OEATH	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIM INJ	E OF		JURY AT		SCRIBE HOW	INJURY O	CURED	
1 Natural 5 Pending 2 Accident Investigation	0/05		12:0	4pM		YES 2 NO	BAB	Y PLAC	ED IN	I BED	WITH PILI
3 Suicide 6 Could not 4 Homicide determined	oil building	OF INJURY At ho , etc. (Specify)	me, farm, s	street, facto	ory, offic	00	28t. LO 290	CATION (Street y or Town, State MCEL)	end Number		BALTO., MI
anal and	YSICIAN: To the best of) and manner se stated.
b. SIGNATURE AND TITLE OF CERTIF					1	29c, LICENSE NU				7 1100	(Month, Day, Year)
A	TVV					O.C.M					b-1991
D. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	ISE OF DEATH ATE	M 27) /Time	Print		U.U.F.				-U-T	0-1991
A.M. S) Ixan	1	((PE	Sun	81	R	AC	To.	2/20
DATE FILED (MONTH) DON YOU TO TO	3. BEGISTE	ARS SIGNATURE	dalla								



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examiner n by the funeral or medicai filled in by 6 in and completely fille to burial, cremation, the event. traumatic the attending physician Mental Hygiene prior to other 10 shows any injury, has been signed by 1 Dept. of Health and 23 r this certificate h Item DIRECTOR: After the hours after death vitem 28 is mark

DIVISION OF VITAL

PHYSICIAN:

BY

COMPLETED

2

6 marked,

TO THE FUNERAL IDE filed within 72 h

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH CONSTANCE 28 1991 **JEAN** HALI Feb 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1XXM 2 - F 217-05-9039 Oct 913 Maryland 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 9933 Guilford Road Howard Jessup 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO Maryland Howard Jessup 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 20794 U.S.A. 9933 Guilford Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY 3XXWidowed 4 Divorced **Black** 145 Sent COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondery (0-12) College (1-4 or 5+) Maintenance Worker Children's Center 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edmonia Dailey Benjamin Hall BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4779 Ilkley Moor Lane Ellicott City, MD 21043 Brenda C. 20a. METHOD OF DISPOSITION
1∑ Burlel 2 ☐ Cremation 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, Stata 2 Cremation 3 Res 4 Donation 5 Other (Specify) National Memorial Park Laurel, Maryland Maryland NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falis Parkway Baltimore, Maryland 21216 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, **Approximata** shock, or haert fellure. List only one cause on each line. interval Batween **Onest and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) 100 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL

	_	-		-			1 YES 2					
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		OSPITAL:	B 🗆 DOA	OTHE	26. PLACE OF DEATH		-					
1 Natural 5 Pending 2 Accident Investigation		28e. DATE OF INJURY (Month, Day, Year)	28b. Till	JURY M	28c. INJURY AT WORK? 1 YES 2 NO							
3 Suicide 6 Could not 8	•	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm,	CATION (Street and Number or y or Town, State)	Rural Route Number,							

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and memor es stated. 29c. LICENSE NUMBER

SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NIVASAN lane MD Hammen 606

BALTO 21225 Hd,

29d. DATE SIGNED (Mogth, Day, Year)

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OF DEATH?

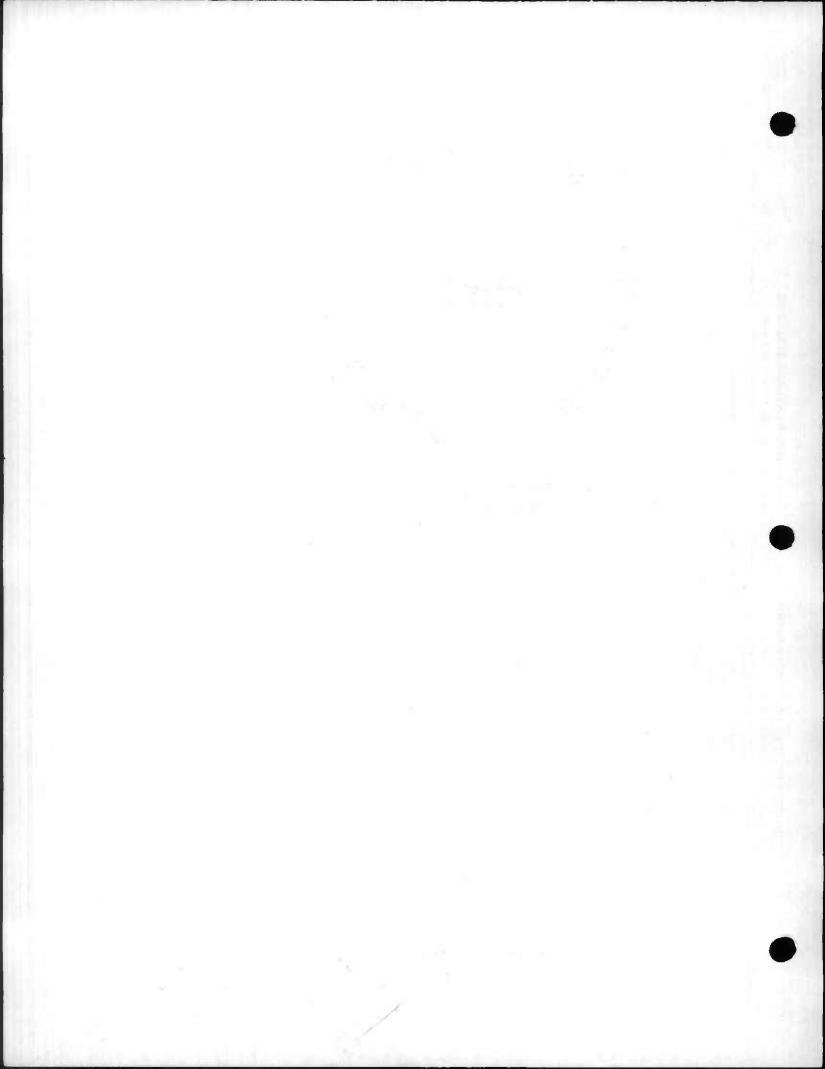
1 YES 2 NO

31. DATE FILED (Month, Day, Year) MAR 1991

29b. SIGNATURE AND TITLE OF CERTIFIES

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



ELEANOR PATRICIA HIGGINS

8. AGE (In vrs. last birthday)

5. SEX

1. DECEDENT'S NAME (First, Middle Lest)

4. SOCIAL SECURITY NUMBER

3. TIME OF DEATH

Ам

DHMH-16 Ray 1/89

0150

8. BIRTHPLACE (State or Foreign

executed within HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

7. DATE OF BIRTH 3/24/34 (Month, Day, Year) 56 DAYS HOURS 1 - M 2 F 30 24 36 218-28-9527 Maryland the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 14 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 2423 Harlen Avenue 21216 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 T NO Specify: Specify: BY BLACK 3 Widowed 4 K Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) SUPERVISOR SOCIAL SECURITY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Troy Higgins notified at Emma Jackson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 EUGENE BALL - SON Baltimore MD 21216

20c. LOCATION — City or Town, Stata Harlen Avenue pe 20a, METHOD OF DISPOSITION

1 |X Burlel 2 | Cremetion 3 | Removel from State
4 | Donation 5 | Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) must Baltimore, Maryland Arbutus Mamorial Park 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 8 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate filled in by ahock, or heert feilure. List only one ceuse on eech line. interval Between **Onset and Death IMMEDIATE CAUSE (Final** the this certificate has been signed by the attending physician and completely fille with the State Dept. of Health and Mental Hygiene prior to burlal, cremation. disease or condition_ RUPTURED ABDOMINAL AORTIC ANEURYSM event, reauiting in death) DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reculting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 XYES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Nopellent 2 ER/Outpetlent 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 Naturel 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 28 4 Homicida MPORTANT: If item 1 🖰 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL Within 72 h 2 🔲 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the ceuse(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE FIELD BE F. Morton m. D08949 02/27/91 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ST. AGNES HOSPITAL 900 S. Caton Avenue BERT F. MORTON, M.D. 21229 Julia Davidson-Randall 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1991 MAR

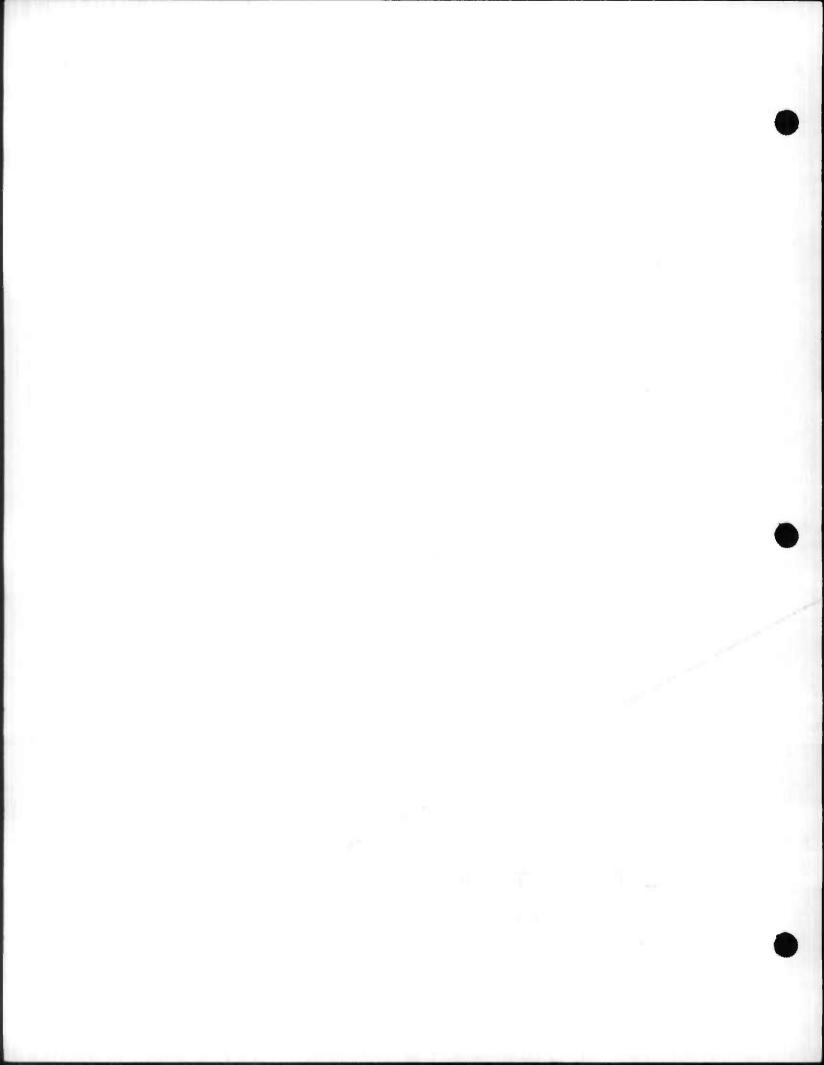
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

2. DATE OF DEATH

02

27



9 M M M M M M M M M M M M M M M M M M M	2 2 2 2
TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. Cremation, or removal.
tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should
death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within xxxxxiours after death. Page 6 may be retained by the hospital or attending physician.

054/2 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF DEATH MONTH 26 ANDL E COT 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS 1 M 2 D F 185-66-3417 Maryland 0 a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF CEATH 1920 niversity of MUre RESIDENCE OF DECEDENT 10b. COUNTY IDC. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 X NO laryland Baltimore Fullerton 10g. CITIZEN OF WHAT COUNTRY? O. STREET AND NUMBER 10f. ZIP CODE U.S.A. 21236 8 Waldmann Mill Ct. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Never Married 2 Married Specify. ☐ Widowed 4 ☐ Divorced White 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Student FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Reginald J. Handley, Jr. Janis Craig o. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as #10 Reginald J. Handley, Jr. De, METHOD OF DISPOSITION
| Buriel 2 | Cremation 3 | Removal from State
| Donation 5 | Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION -- City or Town, State Moreland Memorial Cemetery 3-2-91 Balto., Md. 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Roy H. Cather Roy H. Cochen Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate Interval Between shock, or heart fallure. List only one cause on each line Onset and Death MMEDIATE CAUSE (Fine) Hemorrhage 4(17071,3 disease or condition DUNY_ esulting in death) oaqu lopa GULU. Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Entar UNDERLYING Hear 6 Jour. CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF hat initiated events esulting in death) LAST ongenila 3 CQ3 C 1 can PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS COMPLETIO OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO 26. PLACE OF DEATH (Check only one) 5. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:
| Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 🗆 N ng Home 5 🗆 Residence 6 🗆 Other (Specify) 7. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Netural
Accident 5 Pending 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be determined 4 Homicide 9a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated 2 MEDICAL EXAMINER: On the basis of exa restigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated 96. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 111



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) m, 0

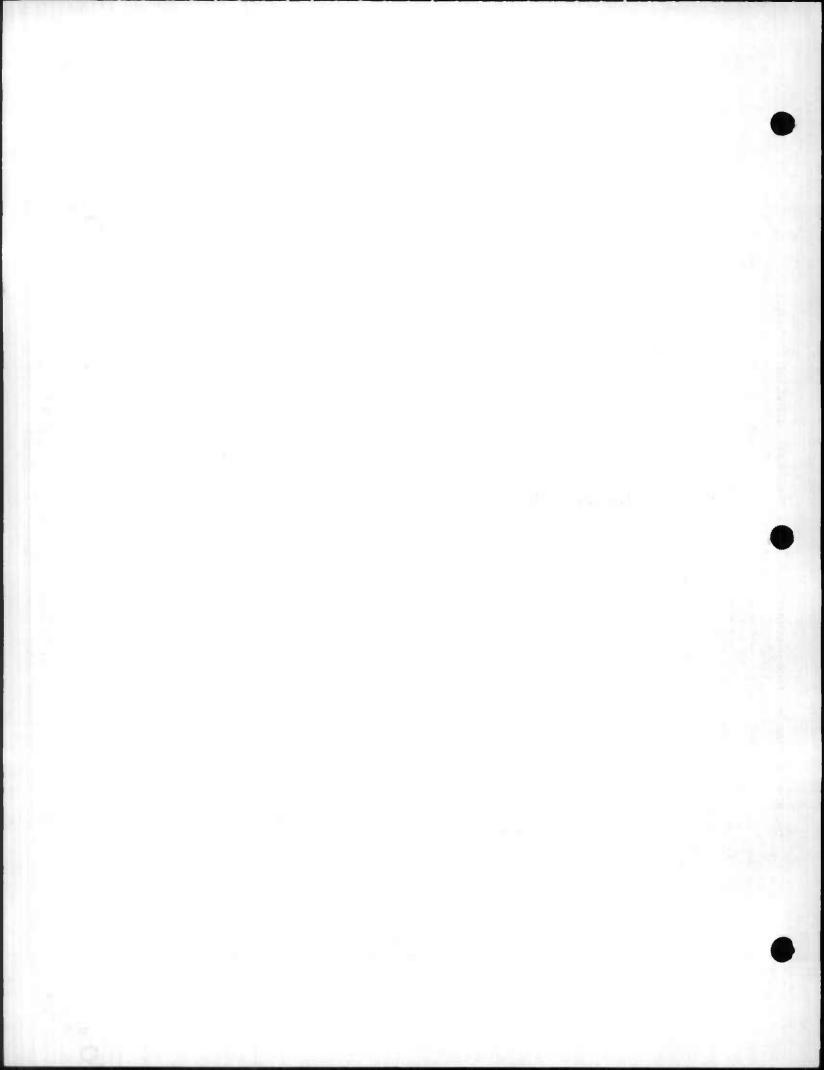
1991

32. REGISTRAR'S SIGNATURE

Aulia Davidson

rale

31. DATE FILED (Month, Day, Year) MAR 0



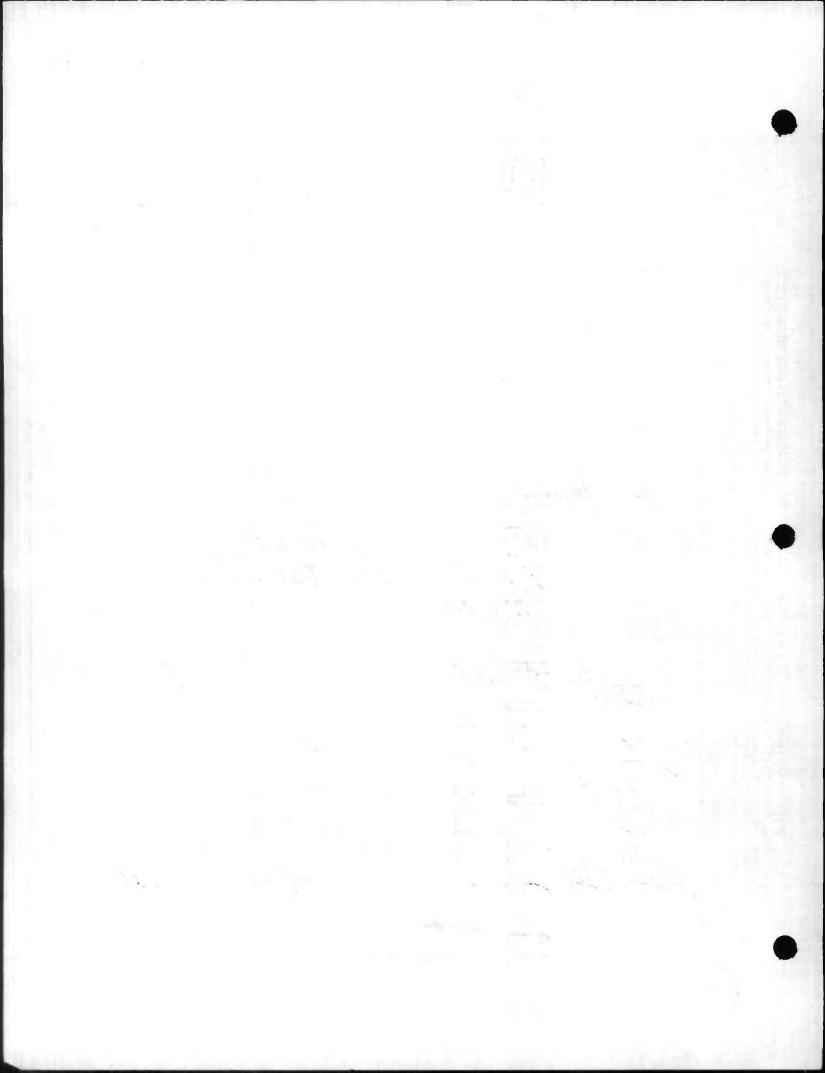
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.							
1. DECEDENT'S NAME (First, Middle, DOLO	RES M.	HUB	ER	2. DATE OF DEATH BAY February 2		3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 217-03-7524 A	1 🗆 M 2 💢 F 💍 8	1 YRS.	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	Jan. 22, 1910							
9e. FACILITY NAME (If not institution, 3907 Fleetwood RESIDENCE OF DECEDEN		96	Baltimore Ci		9c. COUNTY OF DEATH						
RESIDENCE OF DECEDEN 10a, STATE 10b, CO			OWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 [X yes 2 NO						
100. STREET AND NUMBER 3907 Fleetwood Ave	210	Daio	10f. ZIP CODE 21206		10g. CITIZEN OF						
11. MARITAL STATUS 1 Never Married 2 Married 3/X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 TYES 2 NO Speci	an, Puerto Rican, etc.)	or No— 14. RA Ble	RACE — American Indian, Black, White, etc. Specify:					
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)		done during most of working tired.)	166. KIND OF BUSI							
17. FATHER'S NAME (First, Middle, Lae John J. Schrue		Secretary	16. MOTHER'S N	Levinsol AME (First, Middle, Malden s izabeth Walter:							
19a. INFORMANT'S NAME (Type/Print) Martin J. Huber Sr			etwood Avenue Ba	State, Zip Code)							
20e. METHOD OF DISPOSITION 1 (X Burlel 2 Cremetion 3 Classification 5 Country)	Removal from State	206. PLACE AND DATE OF COMS. OF Fait	h ^{her} March 4, 1991	Baltimore, Md.							
21. SIGNATURE OF FUNERAL SERVI	James J. Bladden Leonard J. Ruck, Inc. 5305 Harford Rd.										
	a		enter the mode of dying, su	ch ea cerdlec or reepin	atory arrest,	Approximate Interval Betwee Onset and Dea					
Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· ASCU	S A CONSEQUENCE OF):	estive TEXT	-t2./uz		Y2					
PARP TO Other significant com		but not resulting in	the underlying cause given in	1 Part I. 24e. WAS AN A PERFORM	MEDT	44. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (COTHER:								
27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea	Y 285, TIME C	F 28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED						
2 Accident investig: 3 Suicide 8 Could n 4 Homicide determin	ot be 26a. PLACE OF INJU	JRY — At home, farm, stre Specify)	et, factory, office	28f. LOCATION (Street ar City or Town, State)	nd Number or Run	al Route Number,					
CORBON ORBY	Certification Company of Company		at the time, data and place, and do			A my marrier as stated.					
29b. SEGMATURE AND PITCE CE	Dolle .		29c. LICENSE NI D242	JMBER 4	29d. DATE SIGNED (Aonth, Doy, Year)						
Michael Blume, M.D. Good Samaritan Hospital Professional Building											
Michael Blume, M.D. Good Samaritan Hospital Professional Building 31. DATE FILED (Month), Day Your Supplemental States of Mark 1991 MAR 0 1. 1991											



TO THE HOSPITAL OF ATTENDAYS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OFFICIAN After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

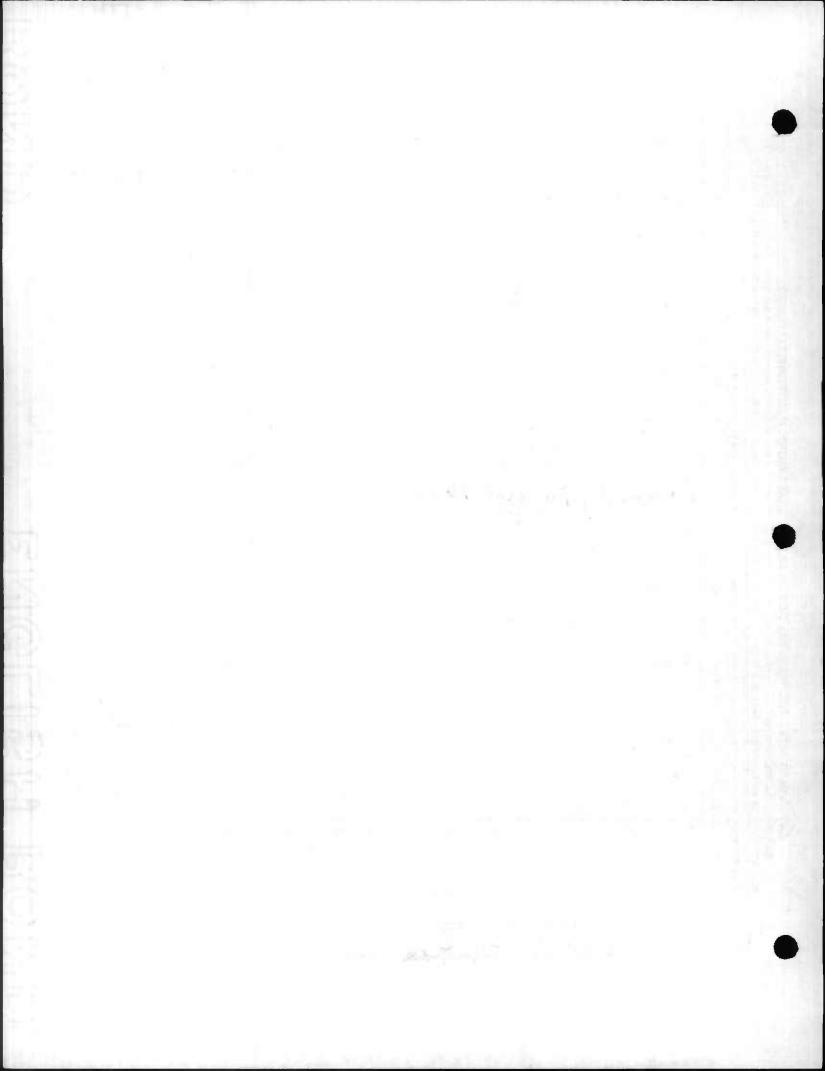
IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		STATE OF I		/ DEPAR					MENTAL	HYGIEN	_			
1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE O	F DEATH	MY	YEAR	3. TIME OF DEATH	
Willard	Joh	n FOR	D	Sr.						ruarv		1991	2:30 p	
4. SOCIAL SECURITY NUM 202-09-6		5. SEX 1	6. AGE (In yrs. 76				IF UNDER 24 HRS. HOURS MIN.		(Month,				HRTHPLACE (State or Foreign Country)	
9a. FACILITY NAME (If not				_	9b. CITY	r, TOWN C	R LOCATI	ON OF DI		20,.		INTY OF		
Franklin	Squa	are Hosi	oital			B	oss	vil:	le		Ro 1	tim	oro	
RESIDENCE OF DE	10b, COUNT			1400 00	TV TOWAL								10d. INSIDE CITY	
Md.		Baltimo	ce	10c. CITY, TOWN OR LOCATION ESSEX							t TYES 2 NO			
10e. STREET AND NUMBER	•	. Dond		101. ZIP CODE 21:					221		WHAT COUNTRY?			
253 Nat	ITICOR	ke Road							221			U	SA	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dh		12. WAS DECEDEN FORCES? 1 IF YES, GIVE 1	T EVER IN U.S., YES 2 MAR OR DATES	ARMED 13. WAS DECEMBENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Specif					in, Puarto Ri		e or No—	14. RAC Blac Spe	EE - American Indian, ok, White, atc. ody: White	
15. DE	CEDENT'S EDU	CATION	16a.	8a. DECEDENT'S USUAL OCCUPATION					16b.	KIND OF BL	JSINESS/IN	DUSTRY	,,,,,	
	(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +)			(Give kind of work done during most of working life. Do NOT use retired.) Chauffer										
17. FATHER'S NAME (First,	Middle, Leat)				-		18. MOT	HER'S NA	ME (First, M	iddle, Maider	n Surname)			
John	A. FOI	r d						F	lore	ice	Lon	a		
	John A. Ford 19a. INFORMANT'S NAME (Type/Print)						and Numbe		Route Numb			_		
Willard	Ford	Jr.	1.00	328 Homberg Ave. Baltimore Md. 21								21221		
20a. METHOD OF DISPOSI	TION			CE AND DAT	E OF DISE	POSITION			DATE				Town, Stata	
1 Donation 5 Other		loval from State	- of cemeta	11V	y or other. Hill	Ce	met	erv	3/1	/91 1	BAlt	imo	re MD.	
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (F disease or condition	heert eilure.	complications the List only one co	it caused the use on each ii	death. Do ine.	not ante	r the mo	de of dy	ring, auc	ch aa card	ac or reap	oiratory a	rrest,	Approximate interval Betwee Onset end Dec	
resulting in death)	→	- Sepsi	O (OR AS A CON	SEOUENCE (OF):	4								
If any, leading to imm	Sequentially list conditions, If any, leading to Immediate Due TO (OR AS A CONSEQUENCE OF):													
CAUSE (Disease or in		C	OR AS A CONS	DECUENCE (
that initiated events reaulting in deeth) LA	ST	DOE 10	(OR AS A CON:	SECUENCE (JF);									
		d												
PART II. Other algorific	ant condition	ns contributing to	deeth but no	et resulting	in the u	nderlyin	g cause	given in	Part i.	24a. WAS A PERFO 1 TYES	RMED?	24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
									_				1 YES 2 NO	
													1	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF I	DEATH (C/	heck only one)				
1 TYES 2 NO		1 % Inpatient 2		_	1			lesidence	8 Other					
27. MANNER OF DEATH 1 Netural 8	Pending	28a. DATE O (Month,	Day, Year)	28b. TI	JURY	W	URY AT	¬o	28d. DE\$	CRIBE HOW	INJURY O	CURED		
2 Accident Investigation 28a PLACE OF IN ILIPY At home form street factors office.								I Route Number,						
29a. CERTIFIER (Check only) CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
3 Suicide 6 Could not be datarmined building, stc. (Specify) 29a. CERTIFFIRE (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(a) and manner as stated.									e(a) and manner as stated					
296. SIGNATURE AND THE	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUMBER 29d. DATE SIGNED (Month,							
20 NAME AND ADDRESS	DE DEDOGU W	-								N/A P P				

Baltimore Maryland

Mark Honig M. D. 31. DATE FILED (Month, Day, Year) MAR 0.1 1991

9000 Franklin Square



ARDOR133287

235-11-142

BALTIMORE, MARYLAND 21203-3146

OA 13149, BALLIMORE, MARITAND	ite be executed within a murs after death. Page 6 may be retained by the h	sician and completely filled in by the funeral director, page 5 should be deta prior to burial, cremation, or removal.	traumatic event, the medical examiner must be notified at onc
DIVISION OF VITAL RECORDS, F.C. BOA 19148,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a recurs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND	/ DEPAR	TMENT O	F HEALTH	AND I	MENTAL HYGIENE	21	03415	
8	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM E	J04			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. DATE OF DEATH DAY	- 91	4-00 P M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrz. 1 1 M M 2 F	last birthday) YRS.	MONTHS D	AR IF UNDER		Appropries, Var) 19	21 6.8	(State or Foreign	
_	9a. FACILITY NAME (If not institution, give street and number)		the same of the	WN OR LOCATION			9c. COUNTY C	DF DEATH	
E	Homewood Hospital		152	ltimore	01	Ly	-		
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY TOWN OR LOCATION Baltimore					10d. INSIDE CITY IMITS? THE YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 2817 Eastern Ave.		101. ZIP CODE 21224				10g. CITIZEN OF WHAT COUNTRY?		
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 YES 2 NO Specify:					14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION 18a.	work done during most of working				Shop			
BE CON	17. FATHER'S NAME (First, Middle, Last) John Joyce			16. MOT	E11	ME (First, Middle, Maiden S a Hursey	umame)		
10	19a. INFORMANT'S NAME (Type/Print) Michael P. Jeyce, Son	196. MAILING	Crisfi	eld Rd	or Rural i	Route Number, City or Town, alto. Md.	State, Zip Code 21220	0)	
	20a. METHOD OF DISPOSITION 1 Deurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)								
	22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Balto., Md. 21221								
CERTIFICATION	23. PÁRT I. Enter the diseases, or complications that caused the abock, or heart feliure. Liet only one cause on each if immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that lettled sense).	SISOUENCE O	Ca DIF): 7 (W.L.	AINS	ma	of der		Interval Between	
SERTI	that initiated events resulting in deeth) LAST d.								
MEDICAL	PART II. Other aignificant conditions contributing to death but no	ot reaulting	In the unde	riying ceuse	given in	Part I. 24a, WAS AN A PERFORI 1 YES 2	AED?	24b. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	26. PLACE OF C	EATH (Ch	eck only one)			
Y PHYSICIAN:	1 VES 2 NO 1 Inpatient 2 ER/Outpatien 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident (Month, Day, Year)	28b. TII	4 Nursing	Home 5 R.c. INJURY AT WORK?		6 Other (Specify) 28d. OESCRIBE HOW IN	JURY OCCURE	ED	
TED BY	2 Accident Investigation 3 Suicide S Could not be datermined 28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm,	street, factory				tural Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of axamination and							use(a) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER R. M. SHOA M.D			29c. LIC	ENSE NU	MBER	29d. DATE SIG	SNED (Month, Day, Year) 28-91.	
-	8. M. Shot M.D 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH R. M. S. CO. L.D. 31. DATE EN ED MOOTH DEL MOOT	(ITEM 27) (Typ	e, Prine) H	AUE	10	BALTIMO	us n	ND. Com	
	31. DATE FILED (Morrith, Day, Year) MAR 0 1 1991 Julia Day door - N	indelle							

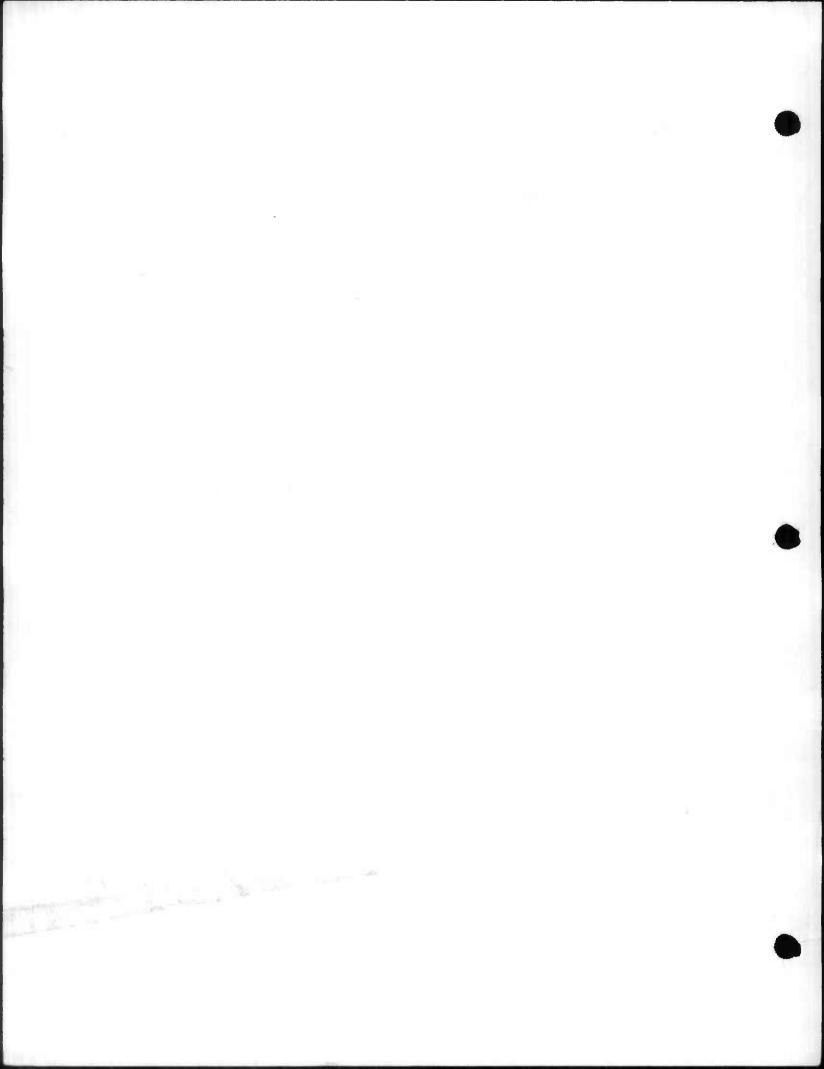
DHMH-18 Rev 1/89

AND ASSAULT ETTER WALL BACK TO SE V.0-2187 served anole: The letter as the safface of the saf Market Commencer - A CORP LESCONE LESCHIONES C. A CHARLES

DHMH-18 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the filed within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burlat, cremation, or removal.	MPDRIANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	TH O	e file	MPO
	F	F 5	5

8	1. DECEDENT'S NAME (First, Middle, Last) SOSEPH	DILLAI		TOHNS		FEB 2	5 19	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216 44 3391	1 M 2 🗆 F	E (In yrs. lest birthday) 97 YRS.	IF UNDER 1 YE.	YS HOURS MIN.		893	BIRTHPLACE (State or Foreign Country) Virginia	
TOR	98. FACILITY NAME (If not institution, give Lock RAVEN RESIDENCE OF DECEDENT	A Hospit	al		HONORE,	EATH	9c. COUNTY	OF DEATH	
DIRECTOR								10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
INERAL	100. STREET AND NUMBER 2407 Montelbello	Terrace	-					OF WHAT COUNTRY?	
BYFUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? XX YES 2 NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:			
ETED	15. DECEDENT'S EDUCATION 16e. DECEDENT (Specify only highest grade completed) (Give kind of the complete of th			DENT'S USUAL OCCUPATION				Black TRY	
COMPLET	College C. 17. FATHER'S NAME (First, Middle, Last)			lerk U.S. Postal Service 18. MOTHER'S NAME (First, Middle, Meiden Surname)				Service	
BE	John H. Johns 19a. INFORMANT'S NAME (Type/Print)	son	19b. MAILIN	G ADDRESS (St		Bell Saunde Route Number, City or Tox		ode)	
5	Johnnella Walker				e Lane St	tockton. Ca		nia 95212 y or Town, Stata	
	XX Burlel 2 Cremetion 3 Re- 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	movel from State	other place)	Cemet	ery/Carri	con Fat Or	ringa M		
AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST LOGA WE AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
SICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the u				underlying cause given in Pert I. 24a. WAS A PERFC 1 YES		N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDII AMILABLE PRIDE TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO	
SICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Districtions 2 DOS	OTHER:	26. PLACE OF DEATH (C	- 33			
ВУ РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUF (Month, Day, Yea	RY 28b. Ti	ME OF 286	Home 5 Realdence c. INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW			
ED	3 Suicide 8 Could not b	28e. PLACE OF INJU- building, etc. (S	URY — A1 home, farm Specify)	, atree1, factory,	оптеа	281. LOCATION (Street City or Town, State		rtural Floute Number,	
COMPLET	one) 2 MEDICAL EXAMI						and dua to the	cause(a) and manner as state	
TO BE	29b. SIGNATURE AND TITLE OF CERTIF	*	DEATH (ITSM 27) (5-	ne Print)	29c. LICENSE N	UMBER		BIGNED (Month, Day, Year)	
	E COHN ME		wen VI		pital				
	31. DATE FILED (Month, Day, Year)	Seridon-							

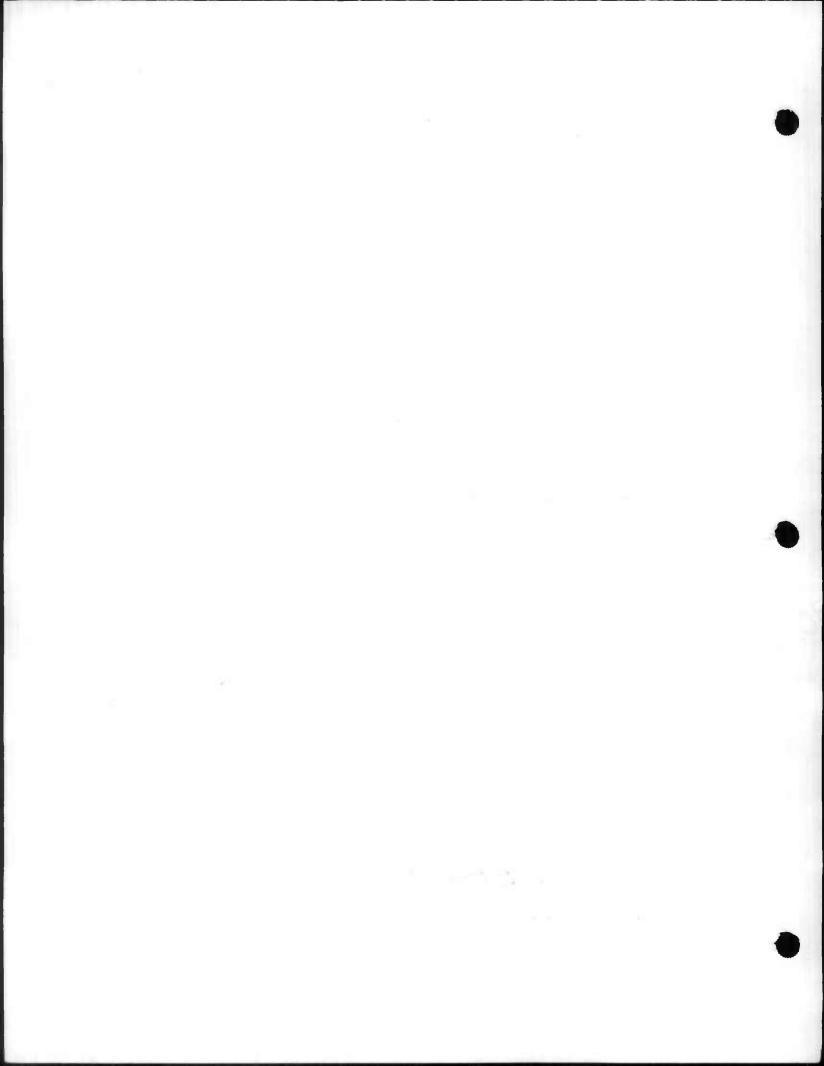


TO THE NOTIFIED RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL	HYGIENI REG. NO.	E		03417
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			. TIME OF DEATH
	Charles William Kr	ceiner				MONTH	28	91	EAR	0130 A M
	4, SOCIAL SECURITY NUMBER 5.	. SEX 8. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	#F UNDER 24 HRS.	7. DATE C	OF BIRTH	8.		ACE (State or Foreign
	215-09-5992 1 9a. FACILITY NAME (If not institution, give street	M 2 □ F	74 YRS.	MONTHS DAYS	HOURS MIN.		703/1			CIMORE MD
~					OR LOCATION OF DE	ATH		9c. COUNTY	OF DEA	тн
DIRECTOR	St. Agnes HOspital			BALTI	MORE					
입	10a. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCA	TION				10	Dd. INSIDE CITY
뜸	MD		,	BALTIMOF	ı E				1	LIMITS?
	10e. STREET AND NUMBER				H. ZIP CODE			10g. CITIZEN	OF WH	AT COUNTRY?
EB	1002 Rockhill Aven	002 Rockhill Avenue			21229			U.S.	Α.	
FUNERAL	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN	U.S. ARMED		CENOENT OF HISPAN			or No- 14.	RACE -	- American Indien,
	1 Never Merried 2 Merried	FORCES? 1 YES			pecify Cuban, Mexica S 2 X NO Specify		ican, etc.)		Specify:	White, alc.
8√	3 Widowed 4 Divorced			1						WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPAT rork done during n e retired.)	ION lost of working	16b.	KINO OF BUS	BINESS/INDUST	FRY	
9		College (1-4 or 5 +)					**	0		
물	10_		1001	& Die				rs Co.		
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA			Surname)		
띪	Conrad Kreiner		_		Rita U					
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural i					
	Rose C. Kreiner	LA	-		l Ave. B	altı				
	20a, METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Remove	I from State	Loudon		motory, crematory or			cation — city .timore		
	4 Donation 5 Other (Specify)	with A	Loudon .		AND ADDRESS OF FA	CILITY	par	LIMOTE	, II	υ
	11.11	74/1/	/	Hubb	ard Funer	al Ho	ome, I	nc.		
	Luce H	Chule		4107	Wilkens	Ave.	Balt	imore,	MD	21229
	23. PART I. Enter the diseases, or con			ot entar the m	ode of dying, suc	h ss card	iac or reapl	ratory srrest		Approximata interval Between
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final							Onsat and Daath		
	disease or condition a	bronchopne	umonia							3 days
	,	OUE TO (OR AS A	CONSEQUENCE OF	F):						
z	Sequentially Hat conditions, b. chronic obstructive pulmonary disease DUE TO (OR AS A CONSEQUENCE OF):							years		
CERTIFICATION	it sny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):						
2	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF							
ĒΙ	that initiated events resulting in death) LAST	OUL TO (OH AS A T	CONSEQUENCE OF	·).						İ
8	d									
CAL	PART II. Other significant conditions of	ontributing to death bu	t not resulting i	in the underlyi	ng cause given in	Part i.	24a, WAS AN PERFOR			VERE AUTOPSY FINDINGS
<u> </u>							1 XYES 2			COMPLETION OF CAUSE OF DEATH?
핗							17		1 .	YES 2 NO
Z										
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26.	PLACE OF DEATH (Ch	eck only on	e)			
Š		☐ Inpatient 2 ☐ ER/Outpa	tient 3 🗆 DOA		me 5 🗆 Residence	8 🗆 Other	(Specify)			
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ		JURY AT ORK?	28d. DE\$	CRIBE HOW I	NJURY OCCUP	REO	
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) City or Fours, Stete)					ite Number,			
9	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	dae death assu-	ad at the time of	te and place and do	to the er-	sada) and ma	nner en eteta	_	
M P	(Check only one) 2 MEDICAL EXAMINER:									and menner as stated.
띪	BERT F. MORTON, N	ID R. +1	M-1-	- h -	DO894					Worth, Day, Year) 8/91
9	30. NAME AND ADDRESS OF PERSON WHO	-	I I OWN	3/14/2	D0094	フ			14/4	0/71
-					200 C C	A	A	2122	0.0	
	BERT F. MORTON, M.	32. REGISTRAR'S SIGNA	TURE		900 S. Ca	con A	avenue	2122	. 7	
	31. DATE FILED MARRY (01 1991	Julia David	son-Randa	00						

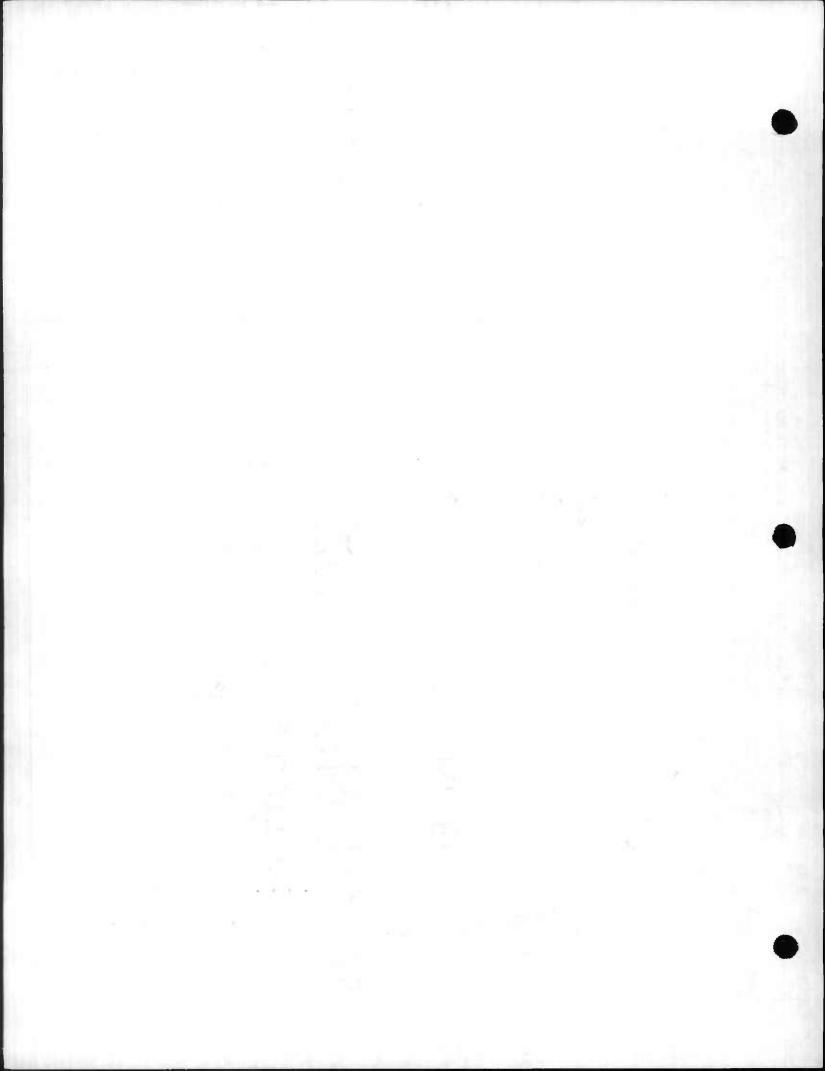


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ı	1. D	EÇEDI	ENT'S	NAME	(First,
		C.	1		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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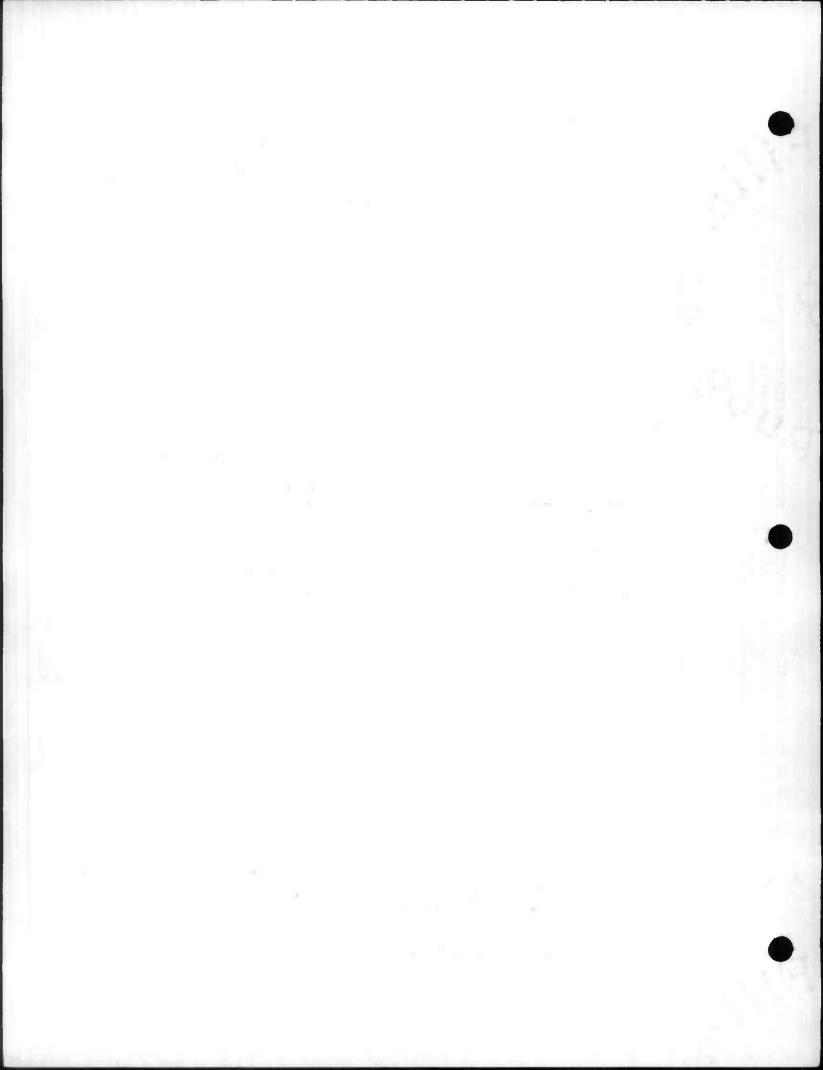
				REG			
1. DECEDENT'S NAME (First, Middle, Last))		The control of	2. DATE OF OEA	TH DAY	3. TIME OF OEATH	
Clyde	Morma	an	Knight	2	25	91 4·40 F	
4. SOCIAL SECURITY NUMBER 297-12-5863		RE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. OHTHS DAYS HOURS MIN.	(Month, Day, Y	H bar)	8. BIRTHPLACE (State or Foreign Country) OHIO	
9e. FACILITY NAME (If not institution, give	street end number)	64	b. CITY, TOWN OR LOCATION OF	DEATH DEATH		TY OF DEATH	
Wooded Area Ben	jies and Ear		Essex			timore	
Md . 10b. COUN	BAltimore		MiddleF	River		10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
100. STREET AND NUMBER 10214 Bevans	Lane		101. ZIP CODE 212	20	10g. CITIZ	EN OF WHAT COUNTRY? USA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X YI IF YES, GIVE WAR OF	ES 2 NO	2 NO If yes, specify Cuban, Mexican, Puerto R			14. RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S ED		16a. DECEDENT'S US	SUAL OCCUPATION	18b. KIND (OF BUSINESS/INDI		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of work done during most of working life. Do NOT use retired.) Metal Inspector Beth				
17. FATHER'S NAME (First, Middle, Last)	-		18. MOTHER'S	NAME (First, Middle, A	faiden Surneme)		
Omen Knight 190. INFORMANT'S NAME (Type/Print)		Top MAIL ING A	DDRESS (Street and Number or Rur	tty To		0-4-1	
Marie Wilkin			13 Bevans La				
20a METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	HOTITY HIT		/1/91 2	oc.LOCATION — C Balt	imore MD.	
23. PART I. Enter the discepts, or shock, or hasrt willers	Funeral	Home)		neralHo		aceAve.2122	
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	IS A CONSEQUENCE OF):		axulos	336		
	0.					!	
PART II. Other algnificant condition	ons contributing to deet	h but not resulting in	the underlying cause given	1 &	MS AN AUTOPSY ERFORMED? YES 2 \(\text{NO}\)	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PART II. Other algnificant conditions are conditional conditions. The conditional conditions are conditional conditional conditions.	ons contributing to deet	h but not resulting in		I de	ERFORMED?	COMPLETION OF CAUS OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH	Check only one)	ERFORMED? YES 2 NO IAO ON L	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1\(\tilde{\text{L}}\) YES 2 \(\text{D}\) NO	HOSPITAL:	Outpetlent 3 □ DOA 4	28. PLACE OF DEATH	Check only one)	ERFORMED? YES 2 \(\text{NO} \) HO ON L	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1/SO/ES 2 \(\) NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/C 28e, DATE OF INJU (Month, Day, Yee	Dutpetient 3 DOA 4 RY 28b. TIME HIJUH	28. PLACE OF DEATH THER: Nursing Home 6 Resident OF 28c. INJURY AT WORK? M 1 YES 2 NO	Check only one)	ERFORMED? YES 2 NO IAO ON L	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1/SOVES 2 \(\text{INO}\) NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? VA YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/C	Dutpatient 3 DOA 4 RY 26b. TIME INJURY — At home, farm, str	28. PLACE OF DEATH THER: Nursing Home 6 Resident OF 28c. INJURY AT WORK? M 1 YES 2 NO	Check only one) 6 M Other (Special DESCRIBE	YES 2 NO HO ON LO HO WOODS HOW INJURY OCC	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1/SO/ES 2 \(\) NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only 1 CERTIFYING PHY	HOSPITAL: 1 Inpatient 2 ER/C 28s. DATE OF INJU (Month, Day, Vis. 28s. PLACE OF INJI building, etc. (3	Dutpatient 3 DOA 4 RY 26b. TIME INJURY — At home, farm, str	28. PLACE OF DEATH DTHER: Nursing Home 6 Residence Page. INJURY AT WORK? 1 YES 2 NO set, factory, office at the time, data end place, and descriptions.	Check only one) 6 M Other (Special Describe 28d. Describe 28d. Describe 28d. Location City or fown	YES 2 NO HO ON LY WOODS HOW INJURY OCC (Street and Number, Street)	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1/SO/ES 2 \subseteq NO URED Or Rural Route Number,	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YE 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be distermined 29. CERTIFIER (Check only 1 CERTIFYING PHY Only) MEDICAL EXAMI	HOSPITAL: 1 Inpatient 2 ER/O 26a. DATE OF INJU (Month, Day, Yea 28a. PLACE OF INJ building, etc. (3 (SICIAN: To the best of my ki	Dutpatient 3 DOA 4 RY 26b. TIME INJURY — At home, farm, str	28. PLACE OF DEATH DTHER: Nursing Home 6 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO eet, factory, office at the time, data end place, and of In my opinion, death occured at	Check only one) 28d. DESCRIBE 28d. LOCATION (City or Town)	TW Woods HOW INJURY OCC (Street end Number, State)	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1/SOFES 2 NO NOTED TURED TURED TO Rural Route Number, and the cause(e) end menner se states	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only 1 CERTIFYING PHY	HOSPITAL: 1 Inpatient 2 ER/O 26a. DATE OF INJU (Month, Day, Yea 28a. PLACE OF INJ building, etc. (3 (SICIAN: To the best of my ki	Dutpatient 3 DOA 4 RY 26b. TIME INJURY — At home, farm, str	28. PLACE OF DEATH DTHER: Nursing Home 6 Residence Page: INJURY AT WORK? 1 YES 2 NO set, factory, office at the time, data end place, and office In my opinion, death occurred at 129c. LICENSE I	Check only one) 28d. DESCRIBE 28J. LOCATION City or lown Sue to the cause(e) ethe time, date end pi	YES 2 NO HO ON LA WOODS HOW INJURY OCC (Street and Number, Street) and menner ee state ace, and due to the	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1/SO/ES 2 NO RURED OF Rural Route Number, et cause(e) end menner ee state. E SIONED (Month, Dey, Yeer)	
25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 299. CERTIFIER (Check only 1 CERTIFVING PHY OTHER) MEDICAL EXAMI	HOSPITAL: 1 Inpatient 2 ER/C 28s. DEACE OF INJU 28s. PLACE OF INJU building, etc. (3 (SICIAN: To the best of my ki NER: On the basic of examin	Dutpatient 3 DOA 4 RY 26b. TIME (NJUF) URY — At home, farm, etn Specify) nowledge, death occurred ation end/or investigation,	26. PLACE OF DEATH DTHER: Nursing Home 6 Residence OF 28c. INJURY AT WORK? 1 YES 2 NO set, factory, office at the time, data end place, and continuous and continuous at the time, death occurred at 10 a.C. M.	Check only one) 28d. DESCRIBE 28J. LOCATION City or lown Sue to the cause(e) ethe time, date end pi	YES 2 NO HO ON LA WOODS HOW INJURY OCC (Street and Number, Street) and menner ee state ace, and due to the	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1/SOFES 2 NO NOTED TURED TURED TO Rural Route Number, and the cause(e) end menner se states	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? \(\times \) YES 2 \ NO 27. MANNER OF DEATH 1 Netural 5 \ Pending Investigation 3 \ Suicide 6 \ Could not be distermined 29e. CERTIFIER (Check only one) 1 \ CERTIFVING PHY ONE) MEDICAL EXAMINATION TITLE OF CERTIFFIER 28b. SIGNATURE AND TITLE OF CERTIFFIER 29c. CERTIFIER (Check only one)	HOSPITAL: 1 Inpatient 2 ER/C 28s. DATE OF INJU (Month, Day, Yes building, etc. (3) (SICIAN: To the best of my ki NER: On the basic of examin	Dutpatient 3 DOA 4 RY 26b. TIME (NJUF) URY — At home, farm, etn Specify) nowledge, death occurred ation end/or investigation,	28. PLACE OF DEATH DTHER: Nursing Home 6 Resident Sec. InJURY AT WORK? 1 YES 2 NO set, factory, office at the time, data end place, and office in my opinion, death occurred at 29c. LICENSE I O _ C _ M	Check only one) 28d. DESCRIBE 28J. LOCATION City or lown Sue to the cause(e) ethe time, date end pi	Type tend Number Street and Number Street and Number Street and dua to the	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 SOFES 2 NO TURED TURED TURED TO Rural Route Number, The cause(e) end menner ee stated SIONED (Month, Day, Yeer) 1 9 9 1	



BALLIMORE, MARTLAND ZIZUS-3146	HYSICIAN: The law requires that the death certificate be executed within c., ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumetic event, the medical examiner must be notified at once.

В	FOR STATE OF MARYL		MENT OF H		MENTAL HYGIENE REG. NO.	91	05419		
	1. DECEDENT'S NAME (First, Middle, Last) ELI'ZARE HU EE				2. DATE OF DEATH MONTH DAY	1			
1		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1 9 / 1 8. BIR	THPLACE (State or Foreign		
			MONTHS DAYS	HOURS MIN.	(Month, Day, Year) February 26	Cou	intry)		
	Sa. FACILITY HAME (If not institution, give alreet and number)	9c. COUNTY OF							
DIRECTOR	Washington Adventist Hospi		Takoma			mery			
IRE	Maryland Prince George's		town or Locat attsvil			10d. INSIDE CITY LIMITS? 1XXYES 2 NO			
	10. STREET AND HUMBER	10f. ZIP CODE							
ER/	5135-70th Place	135-70th Place 207					SA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D.	If yes, spe	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Ho— If yes, apecify Cuban, Mexican, Puarto Rican, atc.) 1 YES 2 X HO Specify: Specify: Black						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEOENT'S U	ork done during moi		16b. KIND OF BUSI	NESS/INOUSTRY			
	Elamentary/Secondary (0-12) College (1-4 or 5+)	Me. Do NOT use	retired.)		Desires	-1	1		
MP	12th 17. FATHER'S HAME (First, Middle, Last)	Chef		48 MOTHED'S NA	Priva				
S	Noah Huff				Rogers	ornano,			
BE (19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		Route Number, City or Town,	State, Zip Code)			
2	Charles Lee	5135-	7oth Pl	ace; Hya	ttsville, M	Marylan	d 20784		
	YS Buriel 2 ☐ Cremetion 3 ☐ Removal from State	o. PLACE OF DISPOSI	merica and						
	4 Donation 5 Other (Specify)	Lincoln M		Cemeter D ADDRESS OF FA		tland,	Maryland		
	The transfer rowerds service sidenties	1/1	/ 22. HAME AN		enkins Fune	eral Ho	me		
	framy (1 tel	XD	7474	Landove	r Road: Lar	ndover,	MD. 20785		
	23. PART L Enter the dispuses, or complications that caused the death. Do not antar the mode of dying, such ea cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Brinal disease or condition as a second se								
O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Conservery anteny Descare DUE TO (OR AS A CONSEQUENCE OF):								
AT	If any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	that initiated events	CONSEQUENCE OF):						
ERI	resulting in death) LAST								
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death b	out not resulting i	n tha underlyin	cause given in	Part I. 24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO		
Z									
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 No perior 2 ER/Out		OTHER:	ACE OF DEATH (C					
HYS	27. MAHNER OF DEATH 28a. DATE OF INJURY	28b. TIME	E OF 28c. INJ	URY AT	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	,		
ВУ Р	1 Netural 5 Pending (Month, Dey, Year) 2 Accident Investigation	INJ		RK? (ES 2 NO					
	3 Suicide 6 Could not be determined 28a. PLACE OF IHJUR building, etc. (Spe	Y — At home, farm, s icify)	street, factory, offic		261. LOCATION (Street and Number or Pural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basis of examination						ee(a) and menner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER MANY	H.D.		29c. LICENSE HU	MBER 283		NED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	PringRons	l Can		20707	7		
	31. DATE FILED (Morrith, Day, Your) 32. REGISTRAR'S SIGNATURE MAR 0 1 1991 Africa Davidson—Rande Re								





as the burial-transit permit. Pages 1, 2, 3 should

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2	tact	JC.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H		IENTAL HYGIEN REG. NO.	9 E	1 05420
	1. DECEDENT'S NAME (First, Middle, Last)	Anthony J.	Lester	TER		2. DATE OF DEATH MONTH DA	- GI YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 6.5	SEX) 8. AGE (In yrs.	t. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS			1907 v	HRTHPLACE (State or Foreign ountry) Inginia
TOR	99. FACILITY NAME (If not institution, give street in Holy Cross Hospital RESIDENCE OF DECEDENT				r Spring		9c. COUNTY	
FUNERAL DIRECTOR		Maryland Montgomery Who						10d. INSIDE CITY LIMITS? 1 ☐ YES ②{X NO
VERAL	4510 Furman Road				20906		U.S.A	
¥	11. MARITAL STATUS 1	WAS DECEOENT EVER IN U.S. FORCES? 1 YES 22 IF YES, GIVE WAR OR DATES	 ▼ NO	If yes, sp	ENDENT OF HISPANI ecify Cuben, Mexicen 2 NO Specify:			RACE — American Indien, Black, White, etc. Specify: 'hite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete comp	DN 16e. pleted) 16e. pleted) 17 16e. pleted 17 17 18 18 18 18 18 18	Give kind of with Do NOT us Mine		ON st of working	166. KINO OF BUS	SINESS/INDUST	RY
BE CON	17. FATHER'S NAME (First, Middle, Last) William H. Lester				18. MOTHER'S NAM	E (First, Middle, Meiden Otson	Surneme)	
TO B	190. INFORMANT'S NAME (Type/Print) Henry O. Lester (so	on)		as 10	nd Number or Rural R	oute Number, City or Town	n, State, Zip Cod	•)
	20b. PLACE AND DATE of DISPOSITION 20b. PLACE AND DATE of DISPOSITION (Name of cemetary, crematory or other place) 2/28 2/							
	David	Sauce	0	Car		eral Serv	ice	
	23. PART I. Enter the diseases, or com shock, or heert fellure. List IMMEDIATE CAUSE (Finel							
	disease or condition resulting in death)	DUE TO (OR AS A COR	NSEOUENCE OF	n:)	0 0 0 0 0	11 Joint	Jean	chow.
CERTIFICATION	Sequentisily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A COM	NSEOUENCE OF	P):	0-600	3		
CERT	resulting in death) LAST		·					
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	intributing to death out in	ot recuiting	In the Underlyin	g ceuse given in i	Part I. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		OSPITAL:	nt 3 🗆 DOA	OTHER:	ACE OF DEATH (Che			
ву РНУ	27. MANNER OF DEATH Natural 6 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		JURY WO	DRY AT DRK? YES 2 NO	26d. DESCRIBE HOW I		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	It home, term,	atreet, factory, offic	•	261. LOCATION (Street City or Town, State)	and Number or F	lural Route Number,
COMPLETED	(Circuit Striy	N: To the best of my knowledge on the basie of examination end						use(e) end manner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	Saul		NO	29c. LICENSE NUM	546	P Z	GNED (Month, Day, Year)

MAR 0 1 1991

20 DEST. V ,

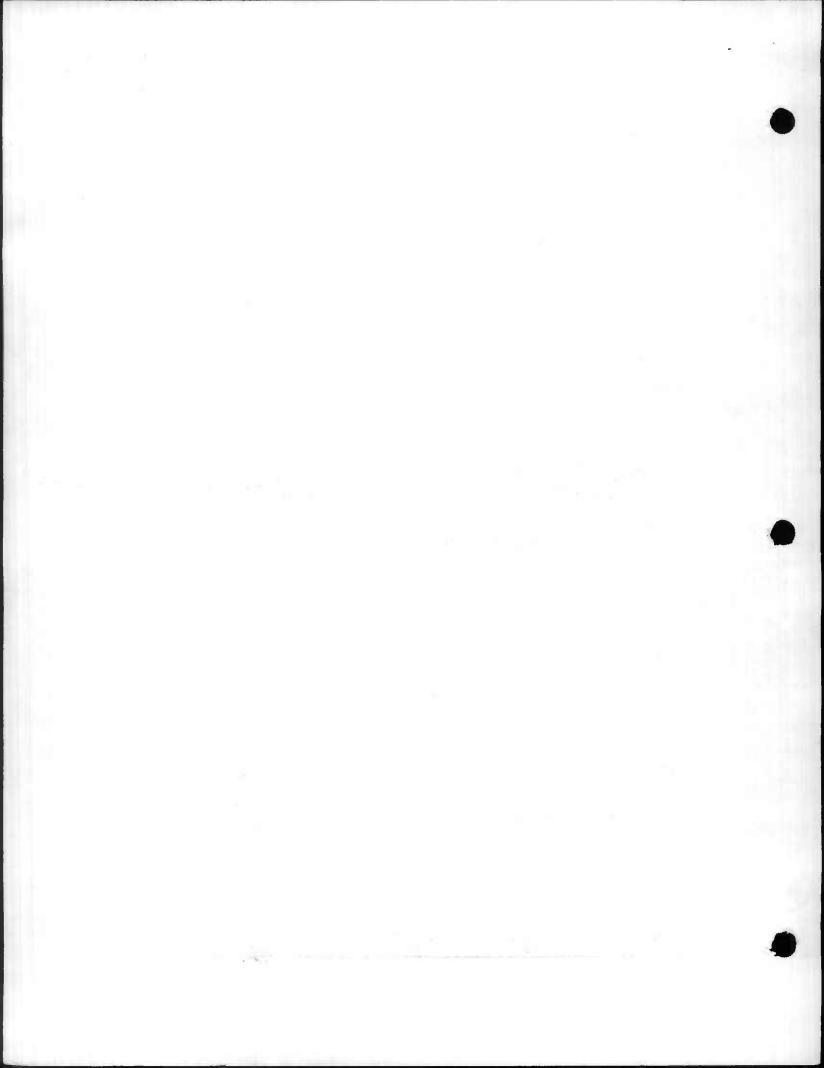
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Lours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS,	DATE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the
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	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND F DEATH		IENE . NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) Catherine	Rose		LEDVIN	KA	2. DATE OF DEA MONTH PCD	⁷ 27	91 YEAR	3. TIME OF OEATH 6:15 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRT (Month, Day, Yo		B. BIRTH	IPLACE (State or Foreign			
	214-16-8320	1 🗆 M 2 💢 F	68 YRS.	MONTHS DAYS	HOUNE MIN,	6-3-2		MD	"			
_	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOW	OR LOCATION OF O	EATH	9c. CO	UNTY OF D	EATH			
DIRECTOR	Franklin Square	Hospital		Ross	ville		Bal	timo	re co.			
ᇤ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	γ	10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY			
HO	MD Bal	ltimore		sex					LIMITS?			
1	10a. STREET AND NUMBER	CLINOLC	150		IOI. ZIP CODE		10g. Cl	TIZEN OF Y	WHAT COUNTRY?			
ER/	298 Montrose Av	ve.			21221			USA				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	L STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Rican, atc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify V Mexice) FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Rican, atc.)							E — American Indian, k, White, atc. ite			
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPA		16b. KIND (F BUSINESS/II					
E	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Iffe. Do NOT u	se retired.)	root or worning							
MP	8		Homema	ker								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, A	faiden Surneme)	F				
BE	Henry Hildebrand	lt				Leissfe						
2	190. INFORMANT'S NAME (Type/Print)				t end Number or Rura							
- 1	Catherine Brown				Ave.; B							
	20e. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Rem 4. Donation 5 Other (Specify)	ioval from State	20b. PLACE OF DISPO other place)	SITION (Name of	cemetery, cremetory or	2	Oc. LOCATION -	- City or To	own, State			
	21. SIGNATURE OF FUNERAL BEHINGE LIK		Holy Re		ANO AOORESS OF F	ACILITY	RAlto	MD				
- 1	Sh5/4	-		22. 11.	110 (((1) 15	M M		1			
	23. PARTI. Enter the diseases, or			CVAC	h Doeda	eth 1	411 N	esac	o Hul 2125/			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
8	if any, leading to immediate cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that initiated events	A RO) OT 3UO	S A CONSEQUENCE O	F):								
EB	resulting in death) LAST	d										
CAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PREFORMED? PERFORMED? 1 YES 2 NO OF CAUSE OF CAUSE											
E I									OF OEATH? 1 YES 2 NO			
PHYSICIAN: M								1				
ĕ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF OEATH (C	theck only one)						
SI	1 YES 2 NO	1 npetient 2 ER/C	Outpatient 3 🗆 DOA	OTHER:	ome 5 🗆 Residence	6 Other (Speci	fy)					
H	27. MANNER OF DEATH	28e. DATE OF INJUI (Month, Day, Yes			INJURY AT WORK?	28d. DESCRIBE	HOW INJURY O	CCURED				
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO							
E	3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (3	URY — At home, farm, Specify)	street, factory, o	Mice	28f. LOCATION (City or Town		ber or Rural	Route Number,			
COMPLET	contact oray	ER: On the basis of examin							(a) end manner ee stated.			
BE		colks mo			29c. LICENSE N	UMBER	4-1	ATE SIGNED	O (Month, Ony, Year)			
2	BUGGNA K	OLKAS mo	9000	Frankl	in 59. D	ive Bou	et. no	2/2	37			
	31. DATE FILED (MORIN, Day, 16ar) MAR70 1/ 199	32. REGISTRADOS	Idon-Randal	2								



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	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMENT CERTIFICATI				YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) HRTS SOCIAL SECURITY NUMBER 216-59-2203	E I • M 5. SEX 6. AGE (In) 1 □ M 2 □ 38		R 1 YEAR IF UP	IDER 24 HRS.	7. DATE OF E	7/9/	YEAR	Z P CE (State or Foreign	
TOR	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY BALLIMORE CITY PRESIDENCE OF DECEMENT 90. COUNTY									
L DIRECTOR	10a. STATE 10b. COUNT	Y	BA	OR LOCATION	C		100 CITI		I. INSIDE CITY LIMITS? VES 2 NO	
BY FUNERAL	1 2 5 COLVIN ST 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U	22 NO	2	1202 NT OF HISPANIC Juban, Mexican,		pecify Yea or No—	USA	American Indian.	
COMPLETED	15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 12th Grade		ea. DECEOENT'S USUAL (Give kind of work done We. Do NOT use retred.) Domesti	during most of w	vorking	16b. KIN	D OF BUSINESS/IND	DUSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) Lloyd Fra:	zier		18. R	Eliza		e, Malden Surname)		Brown	
10		incil .		ENTLAN	D DR.		timore,	Md.	21234 Apt. 40	
	20e. METHOD OF DISPOSITION X IX Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State K	tace of disposition (A ting Memor	ial Pk	. Cem		Randa1			
	21. SIGNATURE OF FUNERAL SERVICE D	CENSEE		WM.C.			. 1101	E. NO	RTH AVE	
	23. PART's. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused to List only one cause on each a. DUE TO (OR AS A C	th line.	r the moda of	dying, such	ea cerdiec	or respiratory em	rest,	Approximete Interval Betwee Onset and Deat	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	D. OUE TO (OR AS A C		J						
MEDICAL	PART II. Other significent condition	ne contributing to death but	t not resulting in the u	inderlying ceu	ise given in F	Part I. 24a. WAS AN AUTOPSY PERFORMED?		AW CO OF	ERE AUTOPSY FINDING ALIABLE PRIOR TO MPLETION OF CAUSE DEATH? YES: 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ		OF DEATN (Chec	ck only one)				
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	Sent 3 DOA 4 No 28b. TIME OF INJURY M	28c. INJURY WORK?	AT	ace 8 ☐ Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED				
E E	2 Accident 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, etc. (Specify	- Al home, farm, street, fa	ctory, office			ON (Street and Number bwn, State)	r or Rural Rout	e Number,	
COMPLE	(Crieck Drily	R: On the best of my knowled							nd manner as stated.	
TO BE COI	291. SIGNATURE AND TIPLE OF CENTIFIC	HO COMPLETED CAUSE OF DEAT	12	29c.	LICENSE NUM	BER	29d. DAT	E SIGNED (ME	ofth, Day, Year)	
-	DR. TBARR	A CHUR	CH HO	SPIT	AL	100	4. BROK	Adw	142123	



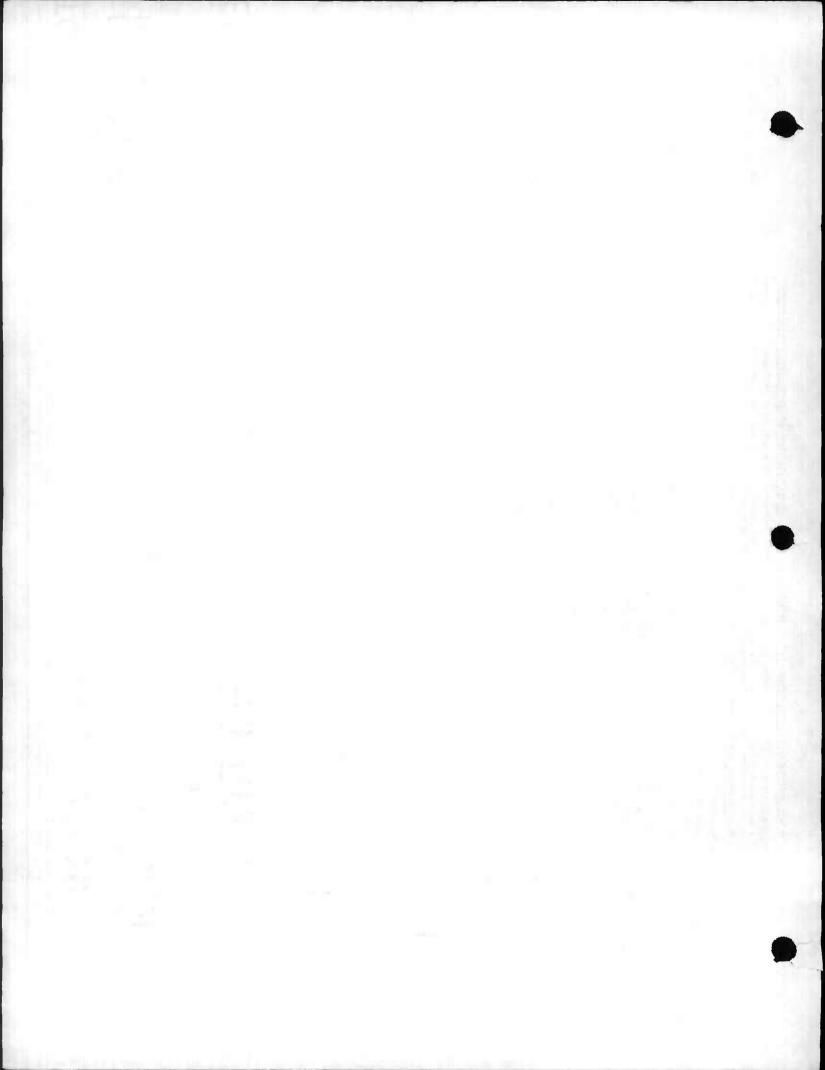
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely fill

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYL		TOF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.	E 91	05423					
DECEDENT'S NAME (First, Middle, Last, JOHN		M	IORROW	2. DATE OF DEATH MONTH 2 25	1991 YEA	3. TIME OF DEATH 11:23 A M					
4. SOCIAL SECURITY NUMBER 214-88-1443 90. FACILITY NAME (If not institution, give	1 🔀 M 2 🗌 F	2.1 YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Morth, Day, Year) 6-12-69	9c. COUNTY OF DEATH						
BALTIMORE COUNT RESIDENCE OF DECEDENT 10e. STATE 10e. STREET AND NUMBER 2734 Prospect 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		10c. CITY, TOWN	imore		BALTI	MORE 10d. INSIDE CITY LIMITS? 1X YES 2 \(\text{NO} \) NO					
100. STREET AND NUMBER 2734 Prospect	S.t.	2410	101. ZIP CODE 2 1 2 1 6		USA	OF WHAT COUNTRY?					
11. MARITAL STATUS 1 Mover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2X NO	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 A.NO Speci	en, Puerto Ricen, atc.)		RACE — American Indian, Black, White, atc.					
15. DECEDENT'S ED (Specify only highest grace (Specify only highest grace Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. DECEDENT'S ED (Specify only highest grace) 19. To have the secondary (0-12)		16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired Unemploye	ne during most of working (.)	18b. KIND OF BUS	SINESS/INDUSTR	37					
John Hollow		Las minus areas	Doris	Madison							
Doris Madison			ospect St	Balto., M	ID. 21:	216					
20a, METHOD OF DISPOSITION 1 (2) Burlel 2 Cremation 3 Re 4 Donation S Other (Specify) 21. SIGNATURE OF TUNERAL SERVICE I	moval from State	J	r place)	2-2 Ca	P.A.	ille, MD					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS	INTOXICATION A CONSEQUENCE OF):	T .			Onaet and Death					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of):										
25. WAS CASE REFERRED TO MEDICAL ENAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ona contributing to death	but not resulting in the	underlying couse given i	n Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	28. PLACE OF DEATH (C	Check only one)	- 15.0						
2 Accident Investigation	28e PLACE OF INHIR	21	28d. DESCRIBE HOW SUBJECT 28f. LOCATION (Street	DESCRIBE HOW INJURY OCCURED JBJECT INGESTED DRUGS							
4 Homicide determined	building, etc. (Spe HOME YSICIAN: To the best of my known	ectfy)		City or Town, State 11 BRUBAI ue to the ceuse(e) and me	R COURT	BALTIMORE, MC					
one) 2 MEDICAL EXAMI	NER: On the beele of examination	on and/or investigation, in n	y opinion, death occured at the 29c. LICENSE N		29d, DATE SIG	GNED (Month, Day, Year)					
	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Print)	INST (PALTO.		-					
31. DATE FILED (Month, Day, Year) MAR 0 1 1991	32. REGISTRAR'S SIG	AND DE									



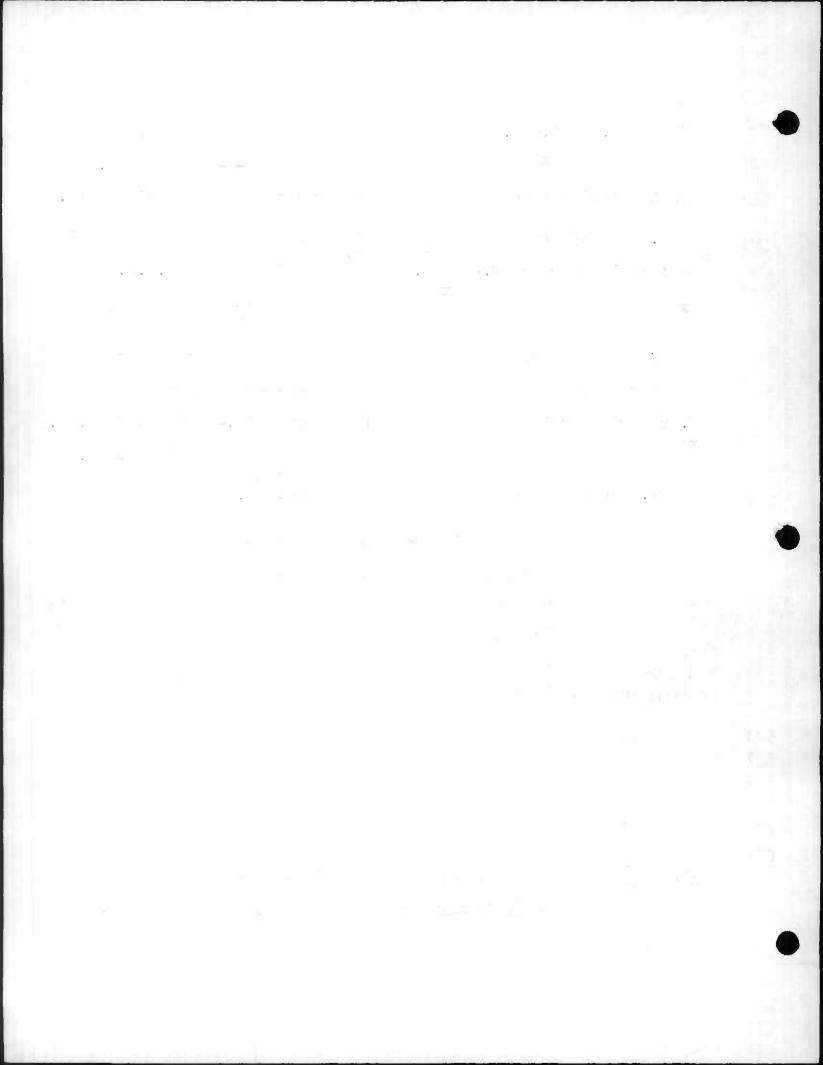


BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-4 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the build-funeral permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL HYGIENI REG. NO.	31	03424	
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF OEATH		3. TIME OF DEATH	
	HOWARD L. MUH	IL. SR.				MONTH DA			
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH	4	IRTHPLACE (State or Foreign		
	076 05 0505	4€ Ma∏e	Maa	MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN,	(Month, Day, Year)	C	ountry)	
	216-07-9727 9e. FACILITY NAME (If not institution, give a	- 8		AL OVEN TOWN	OR LOCATION OF OR	10-2-09		Md.	
~							9c. COUNTY		
DIRECTOR	Summit Nursing	Home		Cato	nsville		Balt	imore Co.	
ត្ត	10a. STATE 10b. COUNT		10c. CI1	Y, TOWN OR LOCA	TION			104 INSIDE CITY	
Ē								10d. INSIDE CITY LIMITS?	
		vard	E1	licott	City			1 YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER		llicott	City,"	M. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
ÿ	3581 Folly Qua				2104		U.S	Α.	
ا ج	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED			NIC ORIGIN? (Specify Yea in, Puerto Ricen, etc.)	or No 14.	RACE — American Indian, Black, White, atc.	
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			S 2 NO Specify			Specify:	
	3 Nidowed 4 Divorced	1				N/A	1	White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		USUAL OCCUPAT		16b. KIND OF BUS	INESS/INDUST	RY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 6+)	ilfe. Do NOT u	se retired.)					
Ē	N/A	N/A	Pol	iceman		Balt	imore	City	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	ME (First, Middle, Maiden			
	Conrad Muhl				Poh	ecca Meet			
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street		Route Number, City or Town		9 21043	
임	C. Frederick Mr	hl						2104)	
	20a. METHOD OF DISPOSITION		10b. PLACE OF DISPO				CATION — City	t City Md.	
	Buriel 2 Cremation 3 Ren	ioval from State	other place)						
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Loudon	Park	Cemeter	y I Ba	Ltimo	re, Md.	
- 1	and distributed by the state of	ORNOLL				more Nat	ional	Pike	
	G. Truman	Schwah				Md. 212		2 2450	
	23. PART I. Enter the diseases, or	complications that caus							
	MANGOLATE CALLOG (CI)	List only one cause on						Interval Between Onset and Death	
	Bacterema & Unknown etiology Bacterema & Unknown etiology								
	resulting in deeth) S. DUCTEVENTO DIVINE STORE OF STORE O								
_		Peripher	- 2 1100	20-	N8000	10		10-15ym	
ó	Sequentially list conditions,	DUE TO (OR A	B A CONSEQUENCE O	Pi:	1) 1500	10		10 13 911	
A	if sny, leeding to immediate cause. Enter UNDERLYING	ASCVD						10445	
윤	CAUSE (Disease or injury that initieted events	C	A CONSEQUENCE O	PF):				109.5	
Εl	resulting in deeth) LAST	CAPA		•				1045	
CERTIFICATION		4. 00 . 2							
CAL	PART II. Other algnificent condition			in the underlying	ng cause given in			24b. WERE AUTOPSY FINDINGS	
	Multi infact	Dunente	i			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
입	Hypothyrala	tism					L NO	OF DEATH?	
Σ	100							I TES 2 FINO	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL	T		24 1	PLACE OF DEATH (C)	neck anty ann'			
ᅙᅵ	EXAMINER?	HOSPITAL:	- August	OTHER					
×S	1 YES 2 NO	1 Inpatient 2 ER/O				6 Other (Specify)			
표	27, MANNER OF DEATH 1 Natural 5 Pending	28a, DATE OF INJUR (Month, Day, Yea		JURY W	JURY AT ORK?	28d. DEŞCRIBE HOW II	NJURY OCCURI	EO	
B≺	2 Accident Investigation				YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJU building, atc. (S	RY — At home, farm, pecify)	street, factory, offi	ica	28f. LOCATION (Street a City or Town, State)	ind Number or F	tural Route Number,	
	4 Homicide determined								
PLETE	29a. CERTIFIER DESCRIPTION BAYE	ICIAN: To the best of my kn	owledge, death occur	red at the time, dar	te and place, and due	to the cause(a) and mer	ner as stated.		
OMPLETE	290. CERTIFIER (Check only	ICIAN: To the best of my kn						use(s) and menner as stated.	
COMPLETED	290. CERTIFIER (Check only	ICIAN: To the best of my kn			death occured at the	time, data and place, an	d dua to the ce		
BE	29a. CERTIFIER 1 D CERTIFYING PHYS (Check only one) 2 MEDICAL EXAMIN	ICIAN: To the best of my kn			death occured at the	time, data and place, an	d dua to the ca	GNED (Month, Day, Year)	
BE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ICIAN: To the best of my kn	hion and/or investigati	on, in my opinion,	death occured at the	time, data and place, an	d dua to the ca		
	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 30. NAME AND ADDRESS OF PERSON WI	ICIAN: To the best of my kn	DEATH (ITEM 27) (Typ	on, in my opinion,	29c. LICENSE NU	MBER	29d. DATE SH	GNED (Month, Day, Year) - 26 - 9 /	
BE	29a. CERTIFIER (Check only one) 1 [D] CERTIFYING PHYS (Check only one) 2 [] MEDICAL EXAMIN 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 31. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 32. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 34. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 35. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 36. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 36. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 36. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 37. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 38. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 39. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 39. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WILL OF CERTIFIED 30. NAME AND ADDRESS OF CERTIFIED 30. NAME AND ADDRESS OF CERTIFIED 30. NAME AND ADDRESS OF CERTIFIED 30. NAME AND ADDRESS OF CERTIFIED 30. NAME AND ADDRESS OF CERTIFIED	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	on, in my opinion,	29c. LICENSE NU	time, data and place, an	29d. DATE SH	GNED (Month, Day, Year) -26-9/	
BE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 30. NAME AND ADDRESS OF PERSON WI	ICIAN: To the best of my kn	DEATH (ITEM 27) (Typ 205 711) GNATURE	on, in my opinion,	29c. LICENSE NU	MBER	29d. DATE SH	GNED (Month, Day, Year) - 26 - 9 /	



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other

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Injury,

shows any

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Item

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marked,

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2

be retained by the hospital or attending physician. ge 5 should be detached for use as the burial-transit

permit. Pages 1, 2, 3 should

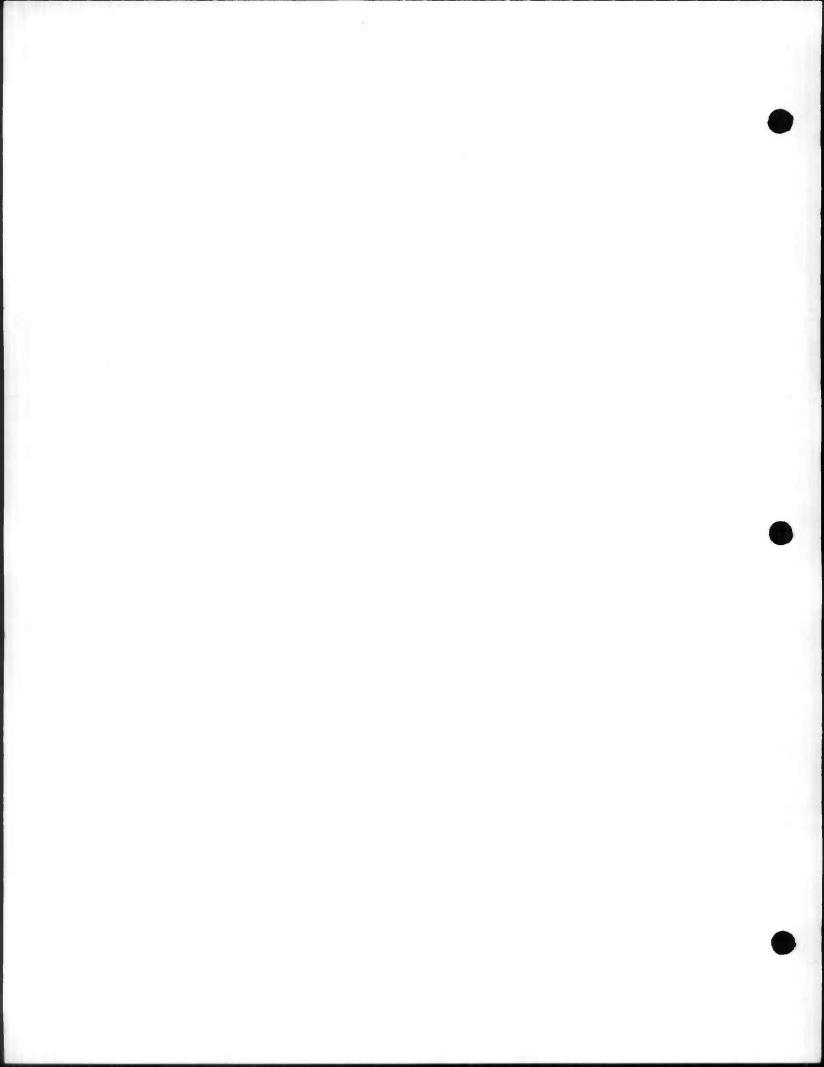
funeral director, page 5 should irs after death. Page 6 may filled in by the figon, or removal, anding physician and completely filled in Hygiene prior to burial, cremation, or requires that the death certificate be executed within attending physician been signed by the atter certificate has being the State Dept. (N. The ATTENDING PHYSICIAN: this c After 1 death TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: Al be filed within 72 hours after de IMPORTANT: If Item 28 Is r.

05425 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) BESSIE 2. DATE OF DEATH ELVA McAVOY 10 AVOU 9 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 8. AGE (in yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. May 16, 1917 3 1 M 2 F West Virginia YRS. 226-26-4412 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Baltimore Essex Maryland 1 YES 2 X NO 10a STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Apt 3 21221 U.S.A. 1614 Gail Rd. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 X NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ementary/Secondary (0-12) 8 yr S Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward В. Aronholt Elsie С. Kitzmiller BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Street, Maryland 21154 William C. McAvoy, Jr. 1211 Boyd Rd. 20s. METHOD OF DISPOSITION
1 X Buriel 2 Cremetion 3 Removat from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 3/4/91 Baltimore, Md. Oak LAwn 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hartsock, Jr. Paul Baltimore, Maryland 21214 Haul Harbor 5305 HArford Rd. Leonard J. Ruck. Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, or heart failure. List only one cau Interval Between Onsat and Dasth IMMEDIATE CAUSE (Final disesse or condition 141 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES NO ICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 VES 2 NO setlent 2 - ER/Outpetient 3 - DOA PHYSI 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 28b. TIME OF Natural M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, utfice building, etc. (Specify) 28f. LOGATION (Street and Number or Rurel Route Number, City or Ibwn, State) 3 Suicide 6 Could not be COMPLETED 4 | Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated 296, SIGNATURE, AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE

31. DATE FILED (Month, Day, Year) 乙和飲

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM &T) (Type, Print)

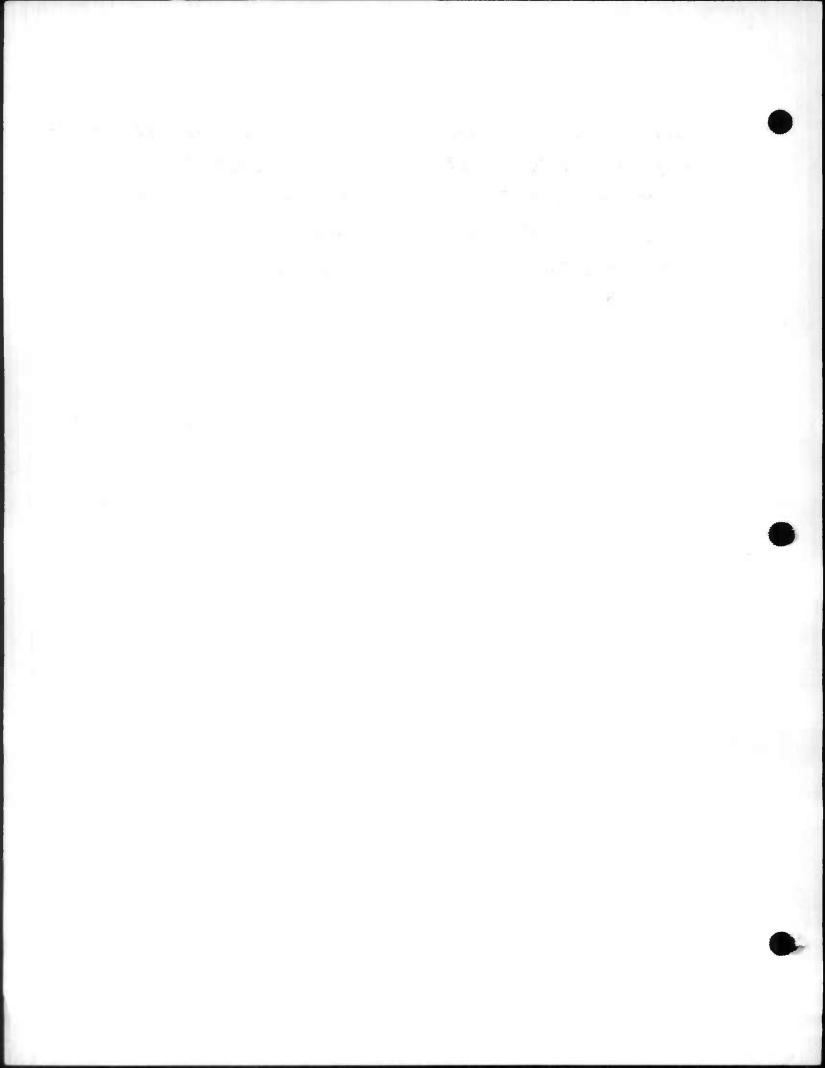
32. REGISTRAR'S DIGNATURE Randelle



BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND REGISTRAR		T OF HEALTH AND	MENTAL HYGIEN	E	1 00420					
1	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF OEATH MONTH DA	y YEAR	3. TIME OF DEATH					
9	Harry Martin Meyers 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yes.	not high-last IE IMPE	B 4 YEAR IE IMPOED A4 UPP	7. DATE OF BIRTH	9/	THPLACE (State or Foreign					
	217-14-225) 1 XM 2 0 F 67 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Most) BALTIMOR										
<u> </u>	St. Agnes Hospital	R	y, town or location of D	EATH	Bulti						
DIMECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c, CITY, TOWN			2001 /1	10d. INSIDE CITY					
	MD Baltimore		more			LIMITS? 1 YES 2 NO					
4	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?					
FUNERAL	924 Circle DR. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	muco I do	2/227 WAS DECENDENT OF HISPA	NO ORIONO (0/4-V-	U.S.	A . NCE — American Indian,					
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	XHO	If yes, specify Cuben, Mexico	en, Puerto Rican, atc.)	Bi	eck, White, atc.					
2	(Specify only highest grade completed)	DECEDENT'S USUAL (Give kind of work done	during most of working	18b. KIND OF BUS	INESS/INOUSTRY						
COMPLE	Elementary/Secondery (0-12) College (1-4 or 5+)	No. Do NOT use retired. OP FOREMA		DIVICIO	N OF GO	DD TOTT ON					
S C	17. FATHER'S NAME (First, Middle, Lest)	JI FOREFIA		AME (First, Middle, Meiden		RRECTION					
BEC	LAWRENCE MEYERS		MARY E	LIZABETH W	ALDNER						
2			SS (Street end Number or Rural								
	20e. METHOD OF DISPOSITION	OF DISPOSITION (A	E DRIVE, BAL		 Z1ZZ/ CATION — City or 	Town, State					
	4 Donation 5 Other (Specify)	N PARK C			BALTIMO	RE					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		NAME AND ADDRESS OF FAUNER		C.						
	23. PART I. Enter the diseases, or complications that caused the		107 WILKENS			MD 21229 Approximate					
	shock, or hasrt failure. List only one cause on such li		it tha moda of dying, suc	ar as cardiac of respi	ratory sriest,	Interval Between Onset and Death					
		C SHO	CK								
	DUE TO (OR AS A CONS		ACOLON								
HIFICATION	Sequentially list conditions, If any, leading to immediate	BEDUENCE OF):									
3	CAUSE (Disease or Injury DUE TO (OR AS A CONS		JOUS ENT	EROCOLI	TIS						
			DLON CA	RCINOM	A	0.0					
2	PART II. Other aignificant conditions contributing to death but no					24b. WERE AUTOPSY FINDINGS					
3				PERFO	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDIC						DF DEATH?					
N N	as was over present to wrong the										
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☐ NO	3 DOA 4 DA	26. PLACE OF DEATH (C ER: ursing Home 5 ☐ Residence								
HA	27. MANNEB OF DEATH 28e. DATE DF INJURY (Month, Dev. Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d, DESCRIBE HOW	NJURY OCCURED)					
B	1 Netural 5 Pending 2 Accident Investigation	М	1 YES 2 NO								
IED.	3 Suicide 8 Could not be determined 28e. PLACE DF INJURY — At building, etc. (Specify)	nome, term, street, is	ctory, office	28f. LOCATION (Street City or Town, Stete		al Houte Number,					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/					note) and manner to stated					
_	29h SIGNATURE AND TITLE DE CERTIFIER		29c. LICENSE NU			NEO (Month, Day, Year)					
0 86	Marty M	D		w. 1770	>	,					
=	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print)	64.73.1 4.	16 31.7	101000	7.000					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (II LEON MENA JOVSKY 31. OATE FILEO (Month, Day, MAR D 32, REGISTRAR'S SIGNATURE 2/27/MAR D 39/99/99/99/99/99/99/99/99/99/99/99/99/9	400	CATION A	II. BALT	MORRE	MD 21208					
	2/27/MAR 0 1 1991 Julia	Davidson P	indelle								
_	,					DHMH-16 Rav t/89					



TO THE HOSPIPA OR ATTRIBUNG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	THE FUNCHAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted		IMPORTANT: If Hem. 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
4 nours after death. F	illed in by the funeral	n, or removal.	e medicai examin
ertificate be executed within 2	ing physician and completely fi	be filed within \$2 bours after death with the State Dept, of Health and Mertal Hygiene prior to burial, cremation, or removal.	other traumatic event, th
w requires that the death or	been signed by the attendi	pt. of Health and Mental Hy	3 shows any injury, or
ING PHYSICIAN: The la	After this certificate has	leath with the State De	marked, or item 2
TO THE HOSPITAL OR ATTEND	THE FUNERAL DIRECTOR!	be filed within \$2 bours after a	IMPORTANT: IF Hem. 26 is
-	-	43	

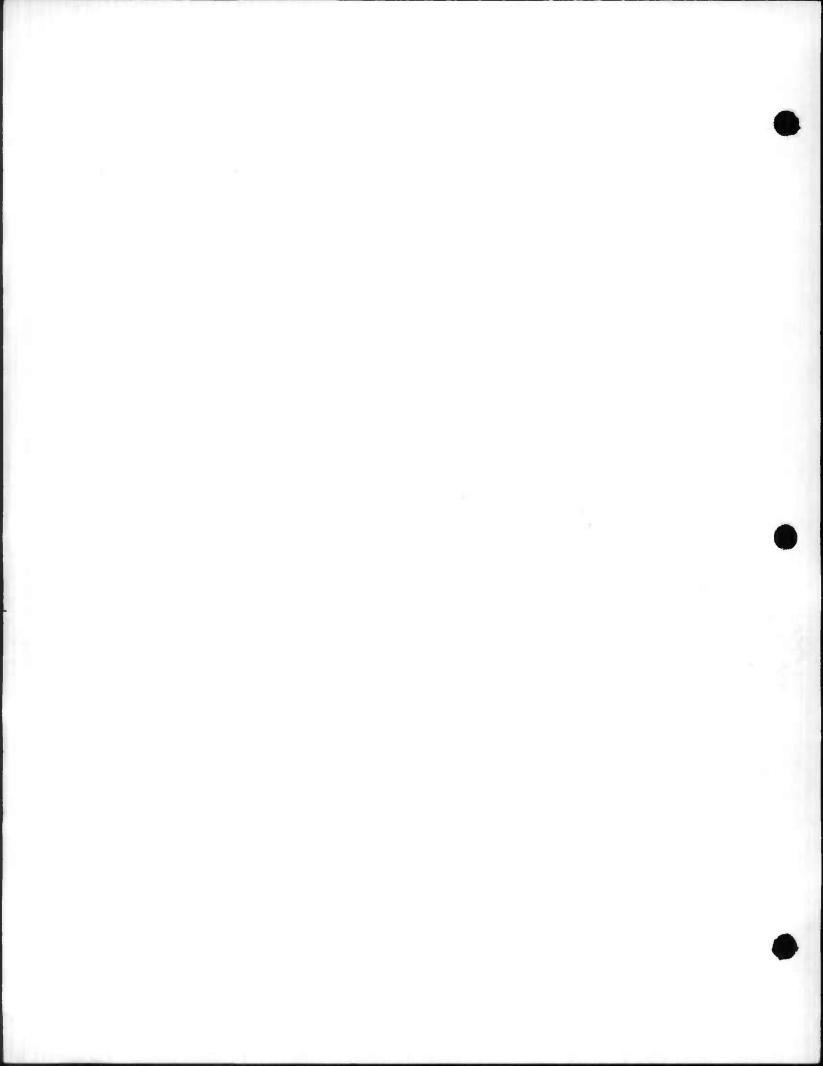
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	FOR STATE REGISTRAR		STATE OF I	MARYLAND / CE		TMENT				MEN	ITAL HYGIE		3 1	05421
	1. DECEDENT'S NAME (First,	Middle, Last)									DATE OF DEATH)AV	YEAR	3. TIME OF DEATH
	Earl	L.		McMin	n					Feb. 25,1991				
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. less	birthday)	IF UNDER		IF UNDER	1	7. 0	ATE OF BIRTH Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign
	169-26-6	450	1 😡 M 2 🗆 F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	1	ug.18.	1933	Journ	PA.
	9a. FACILITY NAME (If not in	stitution, give at	reet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF D				INTY OF C	
lo _R	6 Fairw	ay Ro	ad					Ess	ex				Bal	Ltimore
<u>u</u>	10a, STATE	10b. COUNTY	,		10c, CIT	Y. TOWN O	R LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Md.		Baltimo	ore			Es	sex						LIMITS7 1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER						101	ZIP COD	E			10g. CI	IZEN OF	WHAT COUNTRY?
9	6 Fairw	ay Ro							2122					ISA
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED						RIGIN? (Specify Y arto Rican, atc.)	ea or No—	14. RAC Blac	E — American Indian, k, Whita, atc.
BY	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE Y	MAH OR DATES				2 X NO					Spec	etty:
													l	White
COMPLETED	(Specify only	EDENT'S EOU y highest grade	completed)	(Gi	ve kind of	work done of se retired.)			ng		18b. KINO OF B	JSINESS/IN	OUSTRY	
	Elementary/Secondary (0)-12)	College (1-4 or 5	+)						ŀ	Be	th S	teel	
M	17. FATHER'S NAME (First, M	National and		E.	ore	nan					First, Middle, Maide			
										,				
BE	Earl C.		nn	Total			li qua				McCa			
2			2								Number, City or To			
	Lorrain		a	20b. PLACE						<u>l</u>	Baltime			
	1X Burial 2 - Crematic	on 3 🗆 Ram	oval from State	other pla	ice)							OCATION -	100	
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		ENGE	- HOT	TAF	Iill	Ce	Mete	erv	CILIT	<u></u>	Balt	imor	e Md.
	1. SIGNATURE OF FUNERA	A A	ENSEC	11							•			
	Connel	Vyk	und	al Hos	ul	/ C	onn	elly	yFur	er	alHome	1008	MAce	Ave.21221
	23. PART I. Enter the d	iseasek, or o	complications the	et caused the de	ath. Do	not enter	the mo	de of dy	ring, suc	h as	cardiac or rea	piratory s	rreat,	Approximate interval Between
	IMMEDIATE CAUSE (Fin	-	Liat Only One Co	and on out of	6	Janc.	ale	Elu	e th	for	not t	a i/c	2	Onset and Death
	disesse or condition resulting in death)	→	. Alco	objection of	_	(C)	4	MAL	100	Da	this	1		YRS.
	DUE TO (OR AS A CONSEQUENCE OF):													
z			b. ALC	ohal	11	Can	de	& h	-100	α	M			1628.
음	Sequentially list condit If sny, leading to imme	diate	DUE TO	(OR AS A CONSEC	DUENCE O	P):		1			1			/
S	cause, Enter UNDERLY CAUSE (Disease or Inju		с						0		0			
H	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	DUENCE C	IF):								
CERTIFICATION	resulting in destin) LAS		d											
	PART ii. Other significa	nt condition	a contributing to	desth but not r	esulting	in the un	derlyin	g çause	given in	Part	i. 24a. WAS	N AUTOPSY	24	b. WERE AUTOPSY FINDINGS
CAL	Athen	000	2 1200	Barchi	N-10	Cr v. /	7	Sex	Sere	0		ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Made	D:	Chie	2	_ 1						1 🗌 YES	2 DENO		OF DEATH?
PHYSICIAN: MEDI	7.1010	761	190	10 5	0.5	Ju	7							T YES 2 100
A	25. WAS CASE REFERRED T	O MEOICAL					26. P	LACE OF	DEATH (C/	heck o	niv one)			
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpetlent 3	□ DOA	OTHER	₹:	2/	-		Other (Specify)			
Ĭ.	27. MANNER OF DEATH		26a. DATE O	F INJURY	26b. TR	-	_	JURY AT	Welderica	-		INJURY O	CCURED	
1 YES 2 NO Investigation Investigation 28s PLACE OF INJURY — At home true factory office.														
							eyor Rural	Route Number,						
	4 Homicide	Could not be determined	building	, etc. (Specify)	M.	17					City or Town, Sta	o) N/	1	
COMPLETED	29a. CERTIFIER CERT	TIFYING PHYS	ICIAN: To the best o	of my knowledge, de	ath occur	red at the t	lme, data	and place	a, and du	a to th	ne cause(a) and n	enner se at	ated.	
M	anal													(a) and manner as stated.
- 1	296. SIGNATIONE AND TITLE					Λ			ENSE NU					D (Month, Day, Year)
BE	4/1//			DEX.	0-	ol.	1)	5	7 91		(190.0	7 -	7 (-8/

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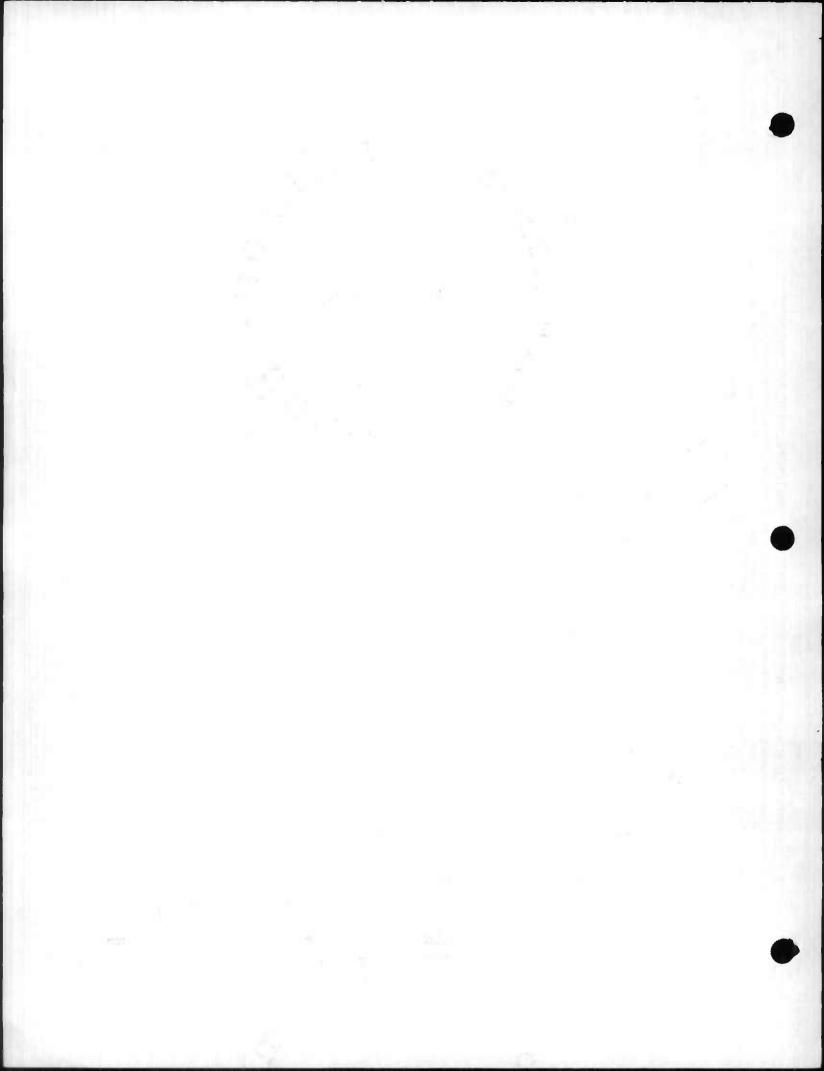
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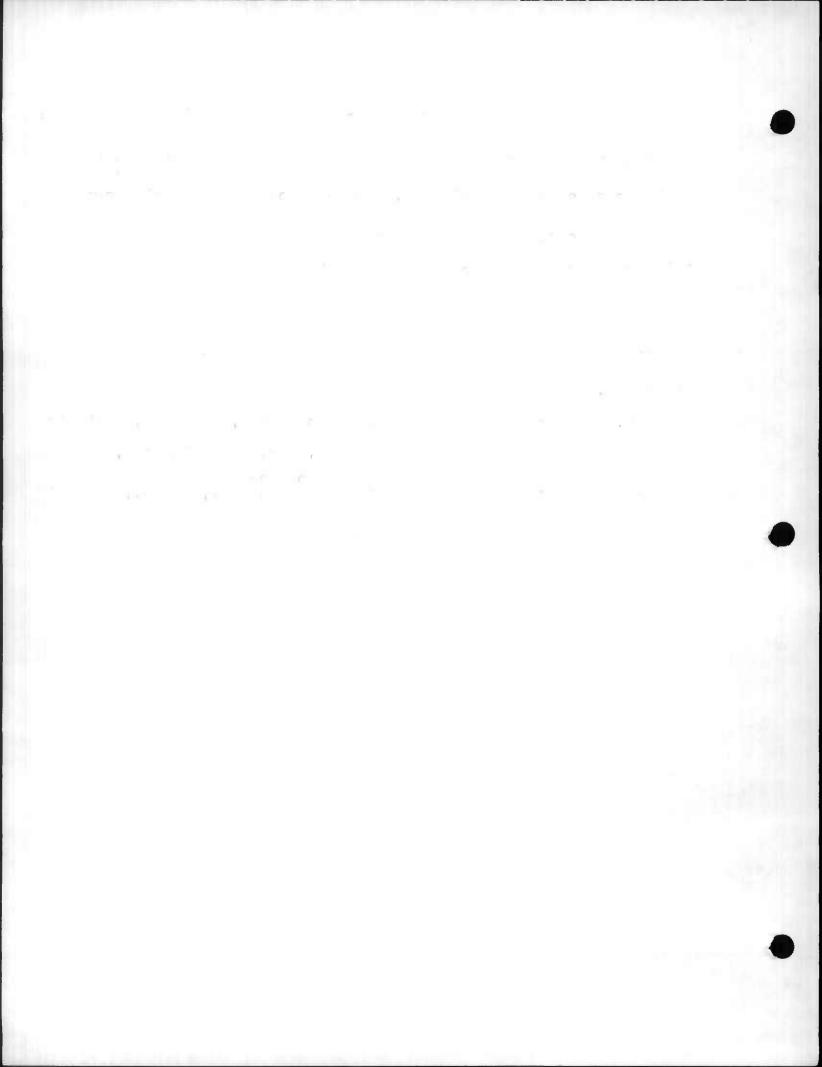
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L. Nous after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, La.	st)			ICATE C			2. DATE	OF DEATH			. TIME OF DEATH	
	MER	RICK			FEB. 27,1991			YEAR	5:30P.			
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la:	st birthday)	IF UNDER 1 YE		NDER 24 HRS.		OF BIRTH		8. BIRTHPLACE (State or Country)		
216-46-3496	1 - M XX F	M XX F 86 YRS					SEI	PT.22			MD.	
9a, FACILITY NAME (If not institution, gh				96. CITY, TOWN OR LOCATION OF DI				EATH 9c. COUNTY OF			F DEATH	
205 WOODBROO				BA	LTIM	IORE			BAI	TIMO	ORE	
10m. STATE 10b. COUNTY MD. BALTIMORE				10c. CITY, TOWN OR LOCATION BALTIMORE							Od. INSIDE CITY LIMITS? YES XX NO	
100. STREET AND NUMBER 205 WOODBROOT	K LANE		100		10f. ZIP CODE 10g. CITIZEN OF WI 21212 U						AT COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. AI	RMED	13. WAS	DECENDE			17 (Specify Ya	e or No —		- American Indian, White, atc.	
1 Never Married 2 Married Wildowed 4 Divorced	FORCES? 1	YES 2		If ye		Cuban, Mexic	an, Puarto				White, etc. VHITE	
15. DECEDENT'S E (Specify only highest gr				USUAL OCCU		vorkina	161	KIND OF BU	SINESS/IND			
Elementary/Secondary (0-12)	College (1-4 or 5 +) III	u. Do NOT u	se retired.)	g rouge of P	y						
12	- 12	Н	OUSE	WIFE					OWN I	HOME		
17. FATHER'S NAME (First, Middle, Last)	DII 14 ****							Middle, Maider				
PATRICK JOSE 19a. INFORMANT'S NAME (Type/Print)	PH MCEVO		Db. B4 A11 444	ADDRESS (St				ALIE				
SAMUEL S. ME	DDTCV	,									21093	
2Q. METHOD OF DISPOSITION	RRICK			CHAPE SITION (Name of			ROAL		THER V			
Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify) _	amoval from Stata	NEW	olace)	HEDRA			RΥ				4D.2122	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	111111	OIII					905				
· R. St. D	1										BALTO, M	
23. PART I. Enter the diseases,	or complications tha	caused the d	eath Do	_							Approximate	
ehock, or heert fellu IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	a. Cereb		A	Acc	ede	WT					Onset and D	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cerebrivoscula's Accedent Dipe to (or as a consequence of): Atheroscleron Disease									100			
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if sny, lesding to immediate cause. Enter UNDERLYING	then	erter	Tro	W							1041	
CAUSE (Diseese or injury that initiated events	COUE TO	(OR AS A CONSE	EOUENCE C	OF):								
resulting in death) LAST	d											
PART II. Other significant condi	tions contributing to	death but not	resulting	in the under	rlying csu	use given i	n Part I.	24a. WAS A PERFO	RMED?		WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
									•		1 TES AND	
as the cape personne to the cape						OF DECEM	No. of the second					
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	7 FD 4	• 🗆	OTHER:		OF DEATH (C						
1 YES 2 NO	1 inpatient 2 inpatient 2 in 26e. DATE OF		3 LJ DOA	4 Nursing	Home S	AT AT	_	er (Specify)	INJURY OC	CURED		
1 Netural 5 Pending	(Month, E		IN	JURY	WORK?	2 NO		III CARE	1/6			
Accident investigation Accident Investigation Accident Ac						or Rural Ro	oute Number,					
29e. CERTIFIER CERTIFYING P	VSICIAN: To the bear of	my knowledge	doub	mad at the st-	date:	plane == 4 °	un de di					
(Check only	IYSICIAN: To the best of MINER: On the basis of a										and manner as etek	
291- BIGNATURE AND TITLE OF CENT	mg 1	TD	urgar	,y opini				and prece,			Mighth, Day, Year)	
B Gellella Gelach H M 290. LICENSE NUMBER 290. DZ 3/100								128	191			
Greelllaw	July and					1/	777	, ,		7		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	SE OF DEATH (IT	EM 27) (Typ	e, Print)	~1	J11n	NOV	uTi,	Mari	u	7101/	
•	IGLEHART	III		e, Print) 50	X L	Jun	iver	erty	Muy	u	21210	
_	IGLEHART	SE OF DEATH (IT III IR'S SIGNATURE ION-RANGA		e, Print) 50	>0 L	Jun	iver	sity	Muy	u	21210	





	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		CATE OF			GIENE 9	0542	29	
	1. OECEOENT'S NAME (First, Middle, Last)	Ruth Est	2. DATE OF DE	ATH 02-27-	91 3. TIME OF	SQ M				
	4. SOCIAL SECURITY NUMBER 573-14-1014 D	5. SEX 6. AGE (In yrs. last birthday) 9 YRS. 1 MONTHS DAYS HOURS MIN. 7. DATE OF BIRTYN (Month, Day, Yea O'7 - 08 -						. BIRTHPLACE (Store Country) Michiga		
	9e. FACILITY NAME (If not institution, give s		96. CITY, TOWN OR LOCATION OF C			9c. COUNT	Y OF OEATH			
TOR	Baltimore Cou	nty General	l Hosp.	Rand	allstow	m	Bal	Ltimore		
REC	10e. STATE 10b. COUNT	Y	10c. CITY	, TOWN OR LOCA	TION		10d. INSIDE LIMITS?			
0	Maryland How	Co	Columbia 101. ZIP CODE			l sa same	1 TES			
RA		y Pidao Por		10	21044			EN OF WHAT COUNT	RY7	
BY FUNERAL DIRECTOR	10441-c Hickory Ridge Road 11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced 10441-c Hickory Ridge Road 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 WIF YES, GIVE WAR OR DATES			If yes, s		en, Puerto Rican,	IIGIN? (Specify Yee or No— I14. RACE — American Black, White, etc. Specify: White			
ED	15. DECEDENT'S EDU		16a. DECEDENT'S			16b. KIND	OF BUSINESS/INDU		LUE	
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us		ost of working				-	
BE COMPLET	12th		Homem	aker			Home			
ပ္ပ	17. FATHER'S NAME (First, Middle, Lest) Charles F. Reh	m			18. MOTHER'S NA		Meiden Sumeme) 'Unknowr	n ##		
	19a. INFORMANT'S NAME (Type/Print)	III	19b. MAILING	ADDRESS (Street			y or Yown, State, Zip C			
٩	James C. Marri	son	51 66	Durham	Road W		Columbia		044	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	noval from State	PLACE OF DISPOS				20c. LOCATION — CI			
	4 Donation 3 Other (Specify) Metro Crematory, Inc. Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE CICENSES OF FACILITY									
	George E. MacNabb Cremation Society of Maryland 299 Frederick Rd., Balto., MD 21228									
N	ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL (PERFORMED? AM CO							24b. WERE AUTO AMALABLE I COMPLETION OF DEATH?	PRIOR TO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF OEATH (C	heck only one)				
IYSI	1 YES 2 NO 27, MANNER OF DEATN	1 inpatient 2 ER/Outp			me 5 Residence	T		IDEO		
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIM INJ	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIB	E NOW INJURY OCCU	JRED	- 5	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)									
COMPLET	one)	SICIAN: To the best of my knowl ER: On the basis of examination							or on stated.	
TO BE C	296. SIGNATURE OF CERTIFIE		20c. LICENSE NU D 106					Year)		
ř	PENEZME	ren 5400	OLD	COURS	- Ra.					
	MAR 0 1 1	32. REGISTRAPIS SIGN	ATURE MASON-Range	leve						

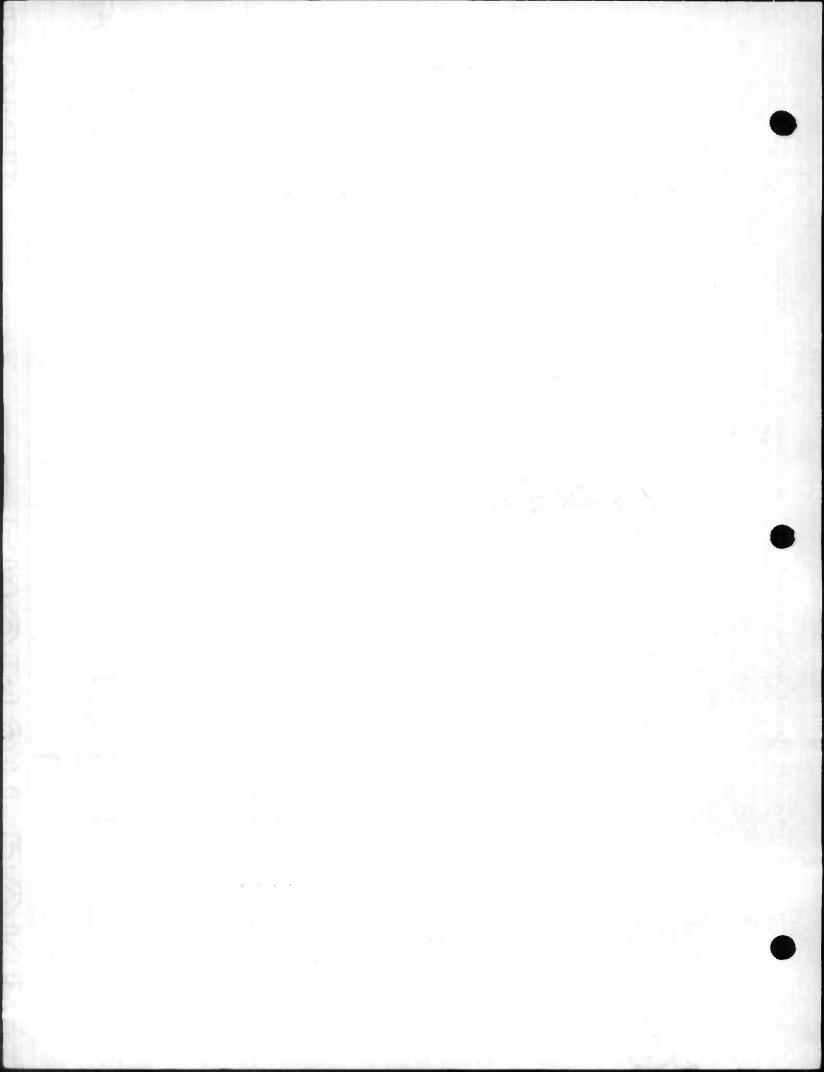


permit. Pages 1, 2, 3 should

filled in by the funeral director, page 5 should be detached for use as the burlal-transit (on, or removal. 24 hours after death. Page 6 may be retained by the hospital or attending physician. once. notified at must be examiner the medical cremation, or certificate has been signed by the attending physician and completely in the State Dept. of Health and Mental Hyglene prior to burial, crematio 1, or Item 23 shows any Injury, or other traumatic event. th HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within with to marked, DIRECTOR: After the hours after death w FUNERAL WITHIN 72 1 IMPORTANT: IL 出層 223

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) DAY Tony Ν. Powell 1991 4:47 4. SOCIAL SECURITY NUMBER 5. SEX & AGE (In ure last hirthday) 7 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Your) 12-31-1959 31 1 X M 2 - F DAYS HOURS 212-78-5835 Md YRS 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Liberty Medical Center DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10h COUNTY 10d. INSIDE CITY 1 YES 2 | NO Baltimore Md FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP COOE 322 N. Stricker Street S 21223 11 A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X HO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify, Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 NO Specify: 14. RACE — American Indian, Black, Whita, stc. 1 Never Married 2 Married Specify: Black BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 17. FATHER'S NAME (First, Middle, Last) L. Leigh Lester Powe11 BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Baltimore, Md 322 N. Stricker Street 21223 Violet. Powell 20e METHOD OF DISPOSITION
1 Description | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method 20b. PLACE ANO OATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State OATE of cemetary, crematory or other placed Western Star Cemetery 3191 Catonsville, Md 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate interval Between ahock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) FATTY LIVER COMPLICATING CHRONIC TUB FEEDING DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificent conditione contributing to death but not requiting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAIL ARLE PRIOR TO MENTAL INSUFFICIENCY DUE TO SEIZURE DISORDER WITH COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO MULTIPLE BRAIN INJURIES 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 1 XYES 2 NO ig Home 6 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 🔀 Natural 6 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner es stated. IMEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Months Day, Year) BE O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH/(ITEM 27) (Typh, Print) ITTENA :MD BALTO 32. REGISTRAN'S SIGNATURE CHIA Davidson-Jandese





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	1 - STATE REGISTRAR	STATE OF N		DEPAR					MENTAL HYG REG.					
	1. DECEDENT'S NAME (First, Mickly, Last)								2. DATE OF DEAT		YEAR	3. TIME OF DEATH		
	Thomas Quar							CEU INTERNATION INTERNATIONAL PROPERTY OF THE			12:10 P"			
		100000	6. AGE (In yes. In		WONTHS.	DAYS	IF UNDER	24 MMS.	7. DATE OF BIRTH (Month, Day, We	w)	Count	William Control of the Control of th		
DIRECTOR	213-10-7745	1 € M 2 □ F	89	YRS.				Paris	NOV. 2	-	· 	ITALY		
	So. FACILITY HAME (If not institution, give street and number) Bb. CITY, TOWN OR LOCAT													
	DULANEY TOWSON	OME	BALTIMORE						TIMORE					
E E	10s. STATE 10s. COUNT		IDE. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?					
FUNERAL DI	MD. B.		BALTIMORE								1 THE SEE NO			
	10s. STREET AND NUMBER					101	ZIP COD			10g. CITIZEN OF WHAT COUNTY				
NE NE	204 E. JOPPA RI		T. 615		1			21204			T			
BY FU	1 Never Married 2 Married 3 Wildowed 4 Diversed	YES 2 X	HO	13.		ecitly Cube	n, Mexica	NIC ORIGIN? (Specific, Puerto Ricen, etc.)		14. RACI Blaci Spec	E — American Indian, k, White, etc. Wh: WHITE			
8	15. DECEDENT'S EDU (Specify only highest grad		16a. C	ECEDENT'S	USUAL C	CCUPATIO	PH .		15b. KIND O	BUSINESS/IF	NDUSTRY	WILLE		
TO BE COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of work done during most of working life. Do NOT use retreat.)										
	N/A	N/A		T	AILO	3			The second second second	THING	THE RESERVE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE	PANY		
									NAME (First, Mickille, Meiden Surneme)					
								RAFAELE CONTE W Fourth Mumber City or Revn. State. Zio Coder						
		ED (NEDHE	W8807 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									NPF MD 2120		
	GEORGE ROEETGER (NEPHEW) 205 E. JOPPA RD., APT. 1903 BALTIMORE MD. 2120 206. METHOD OF DISPOSITION (Name of cemetary, criminatory or 206. LOCATION — City of Town, State													
	1XX Surface 2 Cremation 3 Removal from State GARDENS OF FAITH CEMETERY BALTIMORE, MD.													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
1 1	SCHIMUNEK FUNERAL HOME INC. 3331 Brehms Lane, Baltimore, Md. 2									64 21213				
	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approxim										Approximate			
	Interval Between IMMEDIATE CAUSE (Final Onset and Death													
	resulting in death) - a. End Steen Concertive Heart Failer													
	DUE TO (OR AS A CONSEQUENCE OF):													
No.	Sequentially list conditions, Due TO (on as a Consequence of):													
EA.	cause. Enter UNDERLYING													
F	CAUSE (Disease or Injury that Initiated events QUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	resulting in death) LAST a Chemic Renal Failer													
1 - 1	PART II. Other significant conditio	ns contributing to	death but not	resulting	in the u	nderlying	cause	niven in	Part I. 24s. W	S AN AUTOPS	y 24	b. WERE AUTOPSY FINDINGS		
MEDICAL	PERFORMED?										AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED	1 YES 2 Y-40									OF DEATH?				
	1 ☐ YES 2 NO										The Am			
X X	29. WAS CASE REFERRED TO MEDICAL 36. PLACE OF DEATH (Chick only one)													
Sic	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other Specify													
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY 28s. TIME OF WORK! AT WORK!							28d, DESCRIBE H	OW INJURY O	CCURED				
BY	1 Natural 5 Pending M 1 YES 2 NO													
ED	3 Suicide & Could not be determined 28s. PLACE OF BLJUHY — At home_farm, street, factory, office building, etc. (Specify)							28f, LOCATION (S City of Rwn,	treet and Numb State)	er or flurer	Route Numbec			
COMPLET	(Creek any	SICIAN: To the Seet of	1	1 1					to the cause(s) an			(s) and manner as stated.		
	28b. SIGNATURE AND TUTLE OF CENTIFIE	_/_/	7/ /	11	/									
88	A L STORAGONE AND THE OF CENTIFIC	- 4	. /	1			BK. UC	ENSE NU	7949	294. 0	O I	ON COL		
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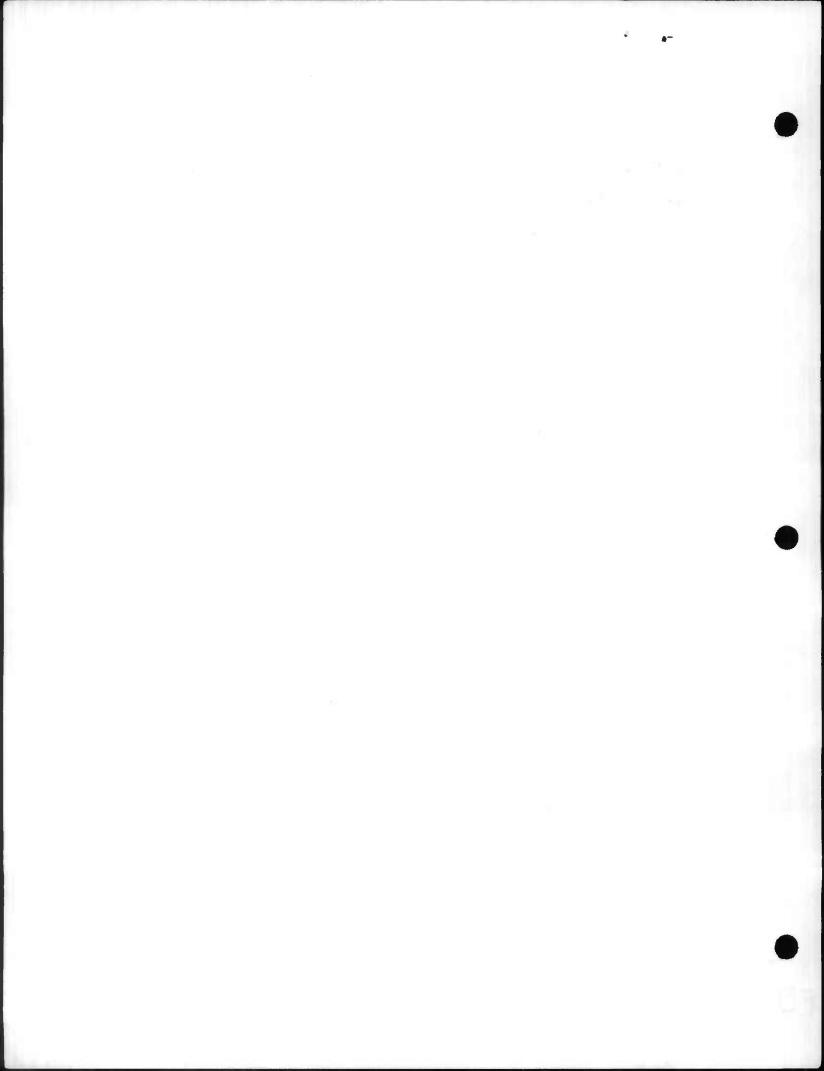
Drive

Suite

Bogdaschewskyi
32. REGISTRAR'S SIGNATURE

1991

DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within consistency after death. Page 6 may be retained by the hospital or attending physician.

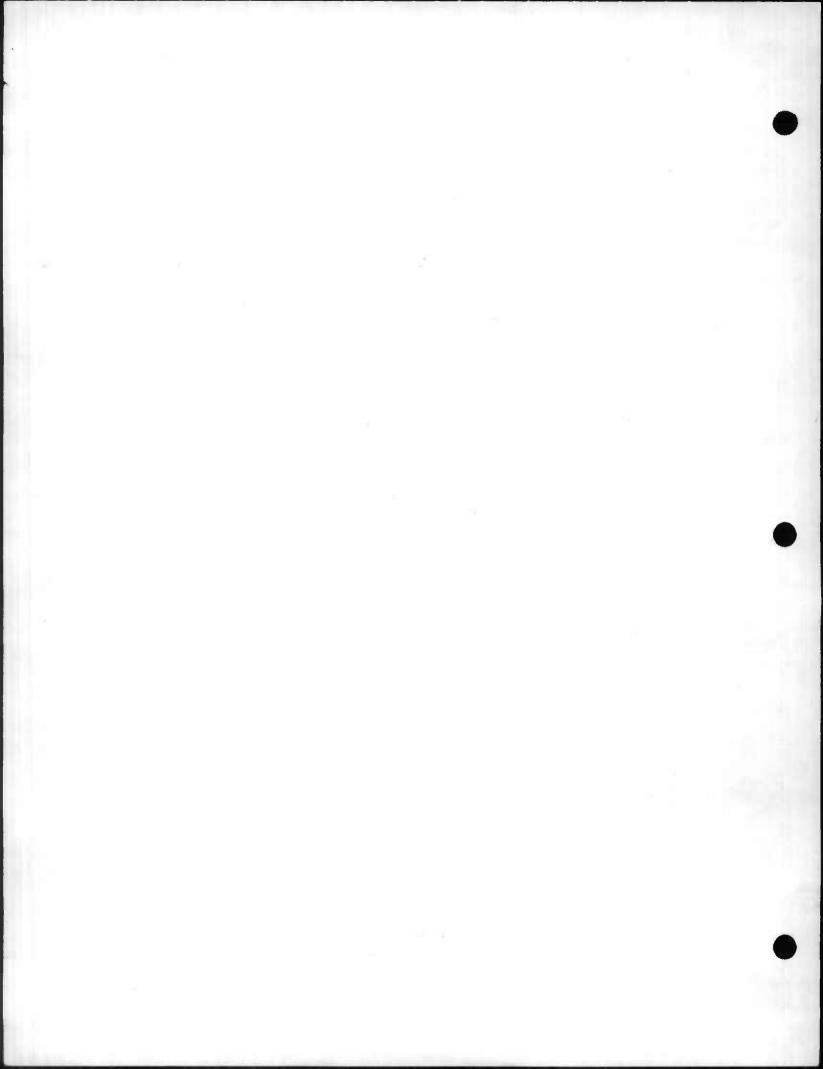
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CERTIFICATE	OF DEATH	REG. NO.		
į	1. DECEDENT'S NAME (First, Middle, Last)	Delin	-0	2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH
II.	GEORGE H	KEET	DEK	2 2	0 91	57~A M
	4. SOCIAL SECURITY NUMBER $29-30-8029$ 1 A M 2 \square F 6. AGE	6 (In yrs. last birthday) IF UNDER 1 5 YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	33	APLACE (State or Foreign
	Ba FACTITY NAME (If not institution, give street end nymber) HOTO County Ho	USPITA SEATT	OWN OR LOCATION OF D	(S-V)1/)	BALTIMO	
	RESIDENCE OF DECEDENT 10a, STATE 10b; COUNTY	10c. CIEV. TOWN OR	LOCATION			10d. INSIDE CITY
	MD Kandallston	un Br	4 MMOI	Re.		LIMITS? 1 YES 2 NO
	3522 arriage H	11 Cr. 203	101. ZIP CODE	33	100-CITIZEN OF	WHAT COUNTRY? USA
	IF YES, GIVE WAR OR	S 2 NO	S DECENDENT OF HISPAI res, specify Cuben, Mexica YES 2 NO Specif	n, Puerto Rican, etc.)	or No- 14. RAC Blee Spe	CE — American Indian, ck, White, etc.
	3 Wildowed 4 Divorced ARM					137K
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work done du life. Do NOT use retired.)	UPATION ring most of working	16b. KIND OF BUS	INESS/INDUSTRY	
	Elementary Secondary (0-12) College (1-4 or 5+)	1	A			
	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NA	ME (First, Middle, Melden		
			LOL	9 49	WKI	N5
	IN. HPONMANT'S NAME (Type/Print)	19b. MAILING ADDRESS	Street and Number or Rural	Route Number, City or Town	, State, Zip Code)	203
-	HARRY J Tucke		Carrio	ige H	lli	r
- 11	Donation 5 Other (Specify)	Ob. PLACE OF DISPOSITION (Name of Place)	torre	21 191	es VIII	e, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. N	AME AND ADDRESS OF FA	CILITY		
	Joseph K. Walter	1 , 201	Demuk.	C JUNO	0 4611	PK taleto
	23. PART I. Enter the diseases, or complications that cause on shock, or heart fallure. List only one cause on		ne mode of dying, suc	h as cardiac or reapl	retory erreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	- 6				Onset and Death
	disease or condition a. PNE	HINOMU				
.	ACC 13 S	A CONSEQUENCE OF):	Jun dof	ا بمرورة	Sundoe	0
	Sequentially list conditions, if any, leading to immediate	A CONSEQUENCE OF):	composer	ciercy a	Mora	me
5	CAUSE (Disease or Injury					
	that initiated events resulting in death) LAST	A CONSEQUENCE OF):				
	d.	· · · · · · · · · · · · · · · · · · ·				-
	PART II. Other algorificent conditions contributing to death	but not resulting in the und	erlying cause given in	Part I. 24a. WAS AN		Ib. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
				1 TES 2	1	COMPLETION OF CAUSE OF DEATH?
					'\	1 YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:		V		
	1 ☐ YES 2 ☐ NO		ng Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW I	WILLIBY OCCURED	
	Netural 5 Pending (Month, Day, Year		WORK? 1 YES 2 NO			
	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (S	RY — At home, farm, street, factor	ry, office	28t. LOCATION (Street	and Number or Rura	I Route Number,
	4 Homicide determined	эвснуу		City or Town, State)		
	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kin	owledge, death occurred at the lin	ne, date end place, and du	e to the cause(s) end ma	mer as stated.	
5	one) 2 MEDICAL EXAMINER: On the basic of examinar	tion and/or investigation, in my op	inion, death occured at the	time, date end place, er	d due to the cause	e(e) end manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER		29c LICENSE NU	MBER	29d. DATE SIGNE	ED (Month, Day, Year)
	Darlana Hou	MAINID	>. D5:	3609	•	
	HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 277 (Type, Print)	. 2 61	1001	20 1	1/01.
-	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SI	TUT C	10 600	T VU,	NHOW	Mosteria
	MAR 01 1991 Julia Savidson	gandall.				





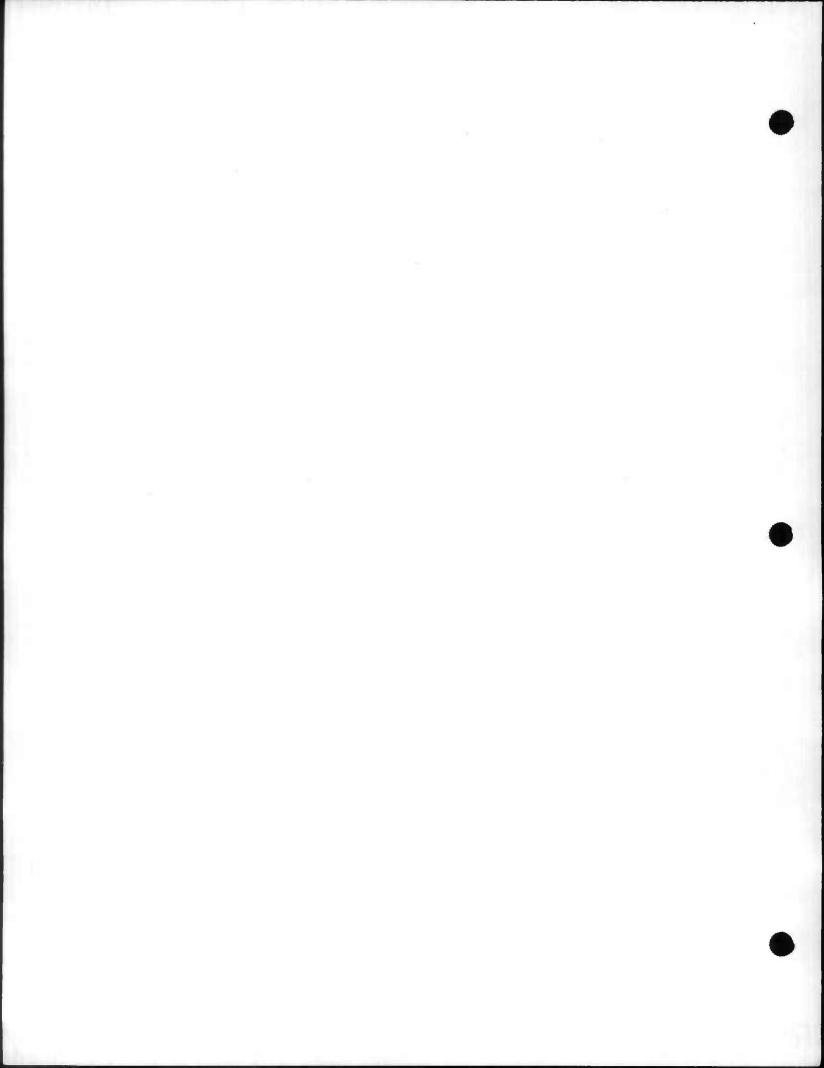
TO DATINGTON TO THE PARTY OF TH	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL ACCORDS, 1:0: DOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows a

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
1	1. OECEDENT'S NAME (First, Middle, Last) 2. OATE OF DEATH MONTH DAY YEAR 2 26 1991 0:10 Am
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. Inst birthday) 7. DATE OF BIRTH (Month, Day, Year) 9. SEX 1 M 2 F 1 M 2 F 1 M 2 F 1 M 2 F 1 M 2 F 1 M 3 F
NR.	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	1 □ YES 2 NO 100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 Yes, specify Cuben, Maxican, Puarto Rican, atc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, atc.
ED BY I	Specify: Spe
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6 +) 16a. OECDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
E COMPL	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname) HALL PO W
TO BI	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Syreot and Number of Rural Route Number, City or Town, State, Zip Code) 7/30 Kalling ADDRESS (Syreot and Number of Rural Route Number, City or Town, State, Zip Code)
	20a. METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of comotony, crematory or cher place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State
	21. SIGNATURE OF UNERIAL SERVICE LIC INSEE 22. NAME AND ADDRESS OF FACILITY MARCH F. H. Wast A. O. O. O. O. O. O. O. O. O. O. O. O. O.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximats Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DWWMBN [A OUE TO (OR AS A CONSEQUENCE OF):
NO	Sequentially list conditions, b. CA UVI
CERTIFICATION	if sny, leading to Immediate cause. Enter UNDERLYING C. CAUSE (Disease or Injury that initiated evente Due TO (OR AS A CONSEQUENCE OF):
CERT	resulting in death) LAST d. Sy) SM
DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 VES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
N: MEDI	1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO
ETED BY	2 Accident investigation 3 Suicide 4 Homicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. Day, Year) 296. LICENSE NUMBER
5	
	LRAIRER ATITICALUL, M.D. ST. AGNES HOSPITAL 31. DATE FILED (MONTH, Day, Year) 2 /2M/AB, 0 1 1991 Julia Davidson-Rundala

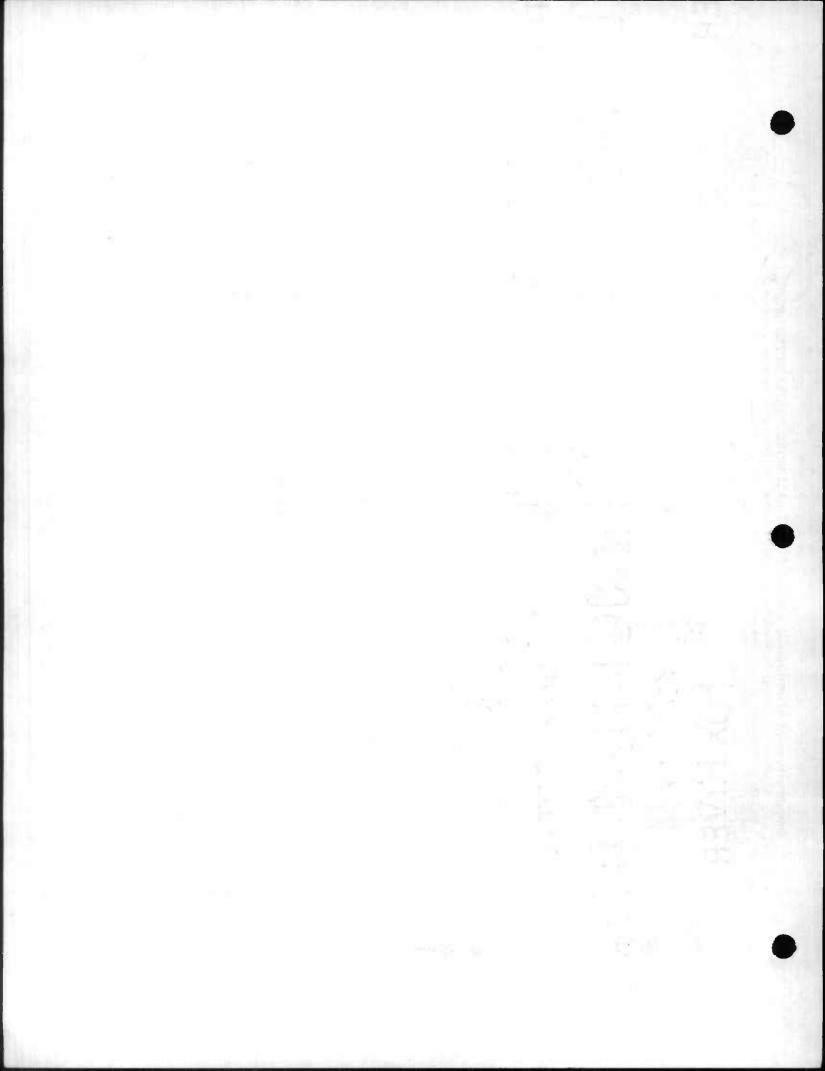




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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Deut, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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	1 - FOR STATE OF MARYLAN REGISTRAR		MENT OF HEAL ATE OF DE			GIENE G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Harriet Sober				2. DATE OF DE		ZEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 2/3-14-2487 1 □ M 2 F 76		UNDER I YEAR IF U	NDER 24 HRS. RS MIN.	7. DATE OF BIE (Month, Day, 09-2	17H 8. 18-14	BIRTHPLACE (State or Foreign Country)				
OR B	9. FACILITY NAME (If not institution, give street and number) Levendale Kebrew Genestice	,	Baltimo		ATH	9c. COUNT	Y OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	4.00	own or Location Himore				10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	Jou.	101, ZIP (CODE		10g. CITIZE	1) YES 2 NO				
FUNERAL	4420 Eva may Rd art 3A		2	1215		n	SA				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DÉCEDENT EVER N U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	No	13. WAS OECENDER If yes, specify (Subart, Mexicon	, Puerto Ricen,		Specify: White				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6+)		done during most of watered.)	ronking	16b. KIND	OF BUSINESS/INDUS	16				
MP	12 17. FATHER'S NAME (First, Middle, Last)	COSI	METICIAN	HOTHERIA HA	AC (Cinc) Addain	COSMETO Meiden Surname)	LOGY				
BE CC	MAIER LEVIN 19e. INFORMANT'S NAME (TypesPrint)			Y	ETTA I	UNKNOWN					
2	SIMON S. SOBER		VAMAY RD.			y or Town, State, Zip Ci BALTIMORE					
	20e. METHOD OF DISPOSITION 20b. PI	ACE ANO DATE OF	F OISPOSITION (Nam			20c. LOCATION — CH					
		BNAI ISI	other place) RAEL	2/	28/91	BALTIM	ORE, MD				
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	-	22. NAME AND AO SOL L			OS., INC.					
	/mf preson	_	6010 RE	ISTERS	TOWN R	D. BALTI	MORE, MD 21215				
Z	23. PART I. Enter the discrete, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death of the condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in daeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):										
N: MEDICAL C	PART II. Other algnificent conditions, contributing to deeth but Stroke with Alizure Progressive dement	Δ	the underlying ceu	ise given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFLIRED TO MEDICAL EXAMINER?		28. PLACE	OF DEATH (Ch	eck only one)						
YSI	1 TYES 2 NO 1 Inpatient 2 ER/Outpatie	ent 3 🗆 DOA 4	Nursing Home 5								
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year)	28b. TIME C			28d. DESCRIB	E HOW INJURY OCCU	REO				
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — building, etc. (Specify)				281. LOCATION City or Tow	(Street and Number or m, State)	r Rural Route Number,				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basic of examination as										
BE	296. SIGNATURE AND TITLE OF CERTIFIER Soseph J. Gallo Mb		29c	D314		29d. DATE	2-27-91				
ТО	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH JOSEPH J. GALLO MD LE	VINDA	LE GER	ATR	IC CT	R. Bal-	to Md 21215				
	31. DATE FILED (MONTH, Day, YOU) 32. REGISTRAR'S SIGNATI MAR 1 1991 Lukia Javidson-1										

DHMH-18 Rev 1/89



1	JOS	EPHINE	SERGE							2. DATE O		1001	YEAR	3. TIME OF DEATH
- 4	4. SOCIAL SECURITY N	UMBER	5. SEX	6. AGE (In yrs. le	si birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	E BIRTH O	1991 /11/02	8. BIRTH	PLACE (State or Foreig
	213-10-86	583	1 🗆 M 2 🖾 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	1902	Country	" ITALY
	9e. FACILITY NAME (# n		street and number)			9b. CITY	, TOWN	DR LOCATI	ON OF DE	ATH 9c. COUNTY OF DEATH				
5		SEPH HO	OSPITAL			BALTIMORE BALTI					IMORE			
	RESIDENCE OF D	10b. COUNT	γ		10c, CIT							10d. INSIDE CITY		
DINECTOR	MD.	BALT	IMORE			ALTIN								LIMITS?
	10e. STREET AND NUME	BER					101	. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
L L	9300 WALTHAM WOODS RD.							2	21236	5			U.	S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEOENT EVER IN U.S. A FORCES? 1 YES 2 NEVER IN U.S. A FORCES? 1 YES 2 NEVER IN U.S. A FORCES? 1 YES 2 NEVER IF YES, GIVE WAR OR DATES						If yes, sp	ENDENT (ecify Cubi 2 X NO	en, Mexica	NIC ORIGIN? In, Puerto Ri y:	(Specify Ye can, etc.)	e or No—	14. RACE Black Speci	— American Indian, White, etc.
ב	15. I (Specify	ECEDENT'S Give kind of e. Do NOT u	Work done	CCUPATIO	ON ast of worki	na	16b.	KIND OF BU	SINESS/IND	DUSTRY				
4	Elementary/Secondary (0-12)										OWN	UOME.		
COMPLE		HOM	EMAKI	N.										
	17. FATHER'S NAME (First, Middle, Lest) SALVATORE SALAMONE									ME (First, M. LNE DO				
BE	19e. INFORMANT'S NAM	Db. MAILING	G ADDRES	S (Street o	_		Route Numbe			o Code)				
2	EUGENE SI							FORE			MD.	21050		
	20a. METHOD OF DISPO	E AND DAT			(Name		OATE	20c. LC	OCATION -	City or To	wn, State			
	4 Donetion 5 D	y, gremetor HOLY			R				BALT	CIMOR	E, MD.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME INC.													
	SCHIMUNEK FUNERAL HOME INC. 9705 Belair Rd., Baltimore, Maryland 2123 23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cerdisc or reapiretory street, Approximate											TATO		
	shock, of iMMEDIATE CAUSE disease or condition	or heart fallure. (Final	List only one ca	iuse on aech iin	e.	not ante	05 I	Bela:	ir Ro	1., B	altim ec or reap	ore,	Mary	Approximat
TIFICATION	shock, of immediate cause	r heart failure. (Final	a. DUE TO DUE TO C.	at Caused the division aech lin O TE O (OR AS A CONSI O (OR AS A CONSI O (OR AS A CONSI	EQUENCE C	CARU	MAC	Belation of dy	ir Ro	h as cerdi	altim	ore,	Mary	Approximat
EDICAL CERTIFICATION	shock, of iMMEDIATE CAUSE disease or condition resulting in deeth) Sequentisity list conif any, leading to im cause. Enter UNDEF CAUSE (Disease or that initiated eventa	r heart failure. (Final Additions, mediate RLYING injury AST	a. DUE TO C. OUE TO d	O (OR AS A CONSI	EQUENCE C	CANUPE:	MAC	Belation of dy	IT RO	ACC ACC Part i.	altimes or rear	OTE, Diretory sr	Mary	Approximatinterval Bet Onset and Ons
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PHYSICIAN: MEDICAL	shock, of iMMEDIATE CAUSE disease or condition resulting in death) Sequentisting in death) Sequentisting in death) Sequentisting in death in cause. Enter UNDEF CAUSE (Disease or that initiated eventa resulting in death) L PART II. Other algniting in death in the cause of th	nditions, mediate RLYING injury	a. DUE TO DUE	O (OR AS A CONSI	reauting	OTHE 4 Nu	r the mo	3ela: de of dy) (2D)	IT Roving, such NF	Part i.	altim c or reap 1000 24a. WAS AI PERFO 1 YES	OTE, Diretory sr N AUTOPSY RMEO? 2 NO	Mary rest,	Approxims interval Ba Onset and Onset and WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CO
BY PHYSICIAN: MEDICAL	shock, of iMMEDIATE CAUSE disease or condition resulting in death) Sequentisity list confit any, leading to implement the cause. Enter UNDEF CAUSE (Disease or thet initiated eventa resulting in death) L PART II. Other algnition of the cause of the ca	nditions, mediate RLYING injury AST Ficant condition Pending	a. DUE TO b. DUE TO c. OUE TO d. HOSPITAL: 1 Inpatient 2 28a. DATE C. (Month,	O (OR AS A CONSI	reauting TOOA 28b. Till	OTHE 4 Number of Jury M	r the mo	g cause	IT Roving, such NF	Part i. Part i. 28d. DESt	24a. WAS AN PERFO	N AUTOPSY RMEO? INJURY OC and Number and Nu	Mary rest,	Approxims interval Ba Onset and Onset and WERE AUTOPSY FIN AMAILABLE PRIOR 1 COMPLETION OF CO
MEDICAL	Sequentially list confidence or condition resulting in deeth) Sequentially list confidence or condition or cause. Enter UNDEF CAUSE (Disease or thet initiated eventa resulting in death) L PART II. Other algni 25. WAS CASE REFERRE EXAMINER? 1 YES 2 27. MANNER OF OEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	The ent failure. (Final and the failure of the fai	a. DUE TO b. DUE TO c. OUE TO d. HOSPITAL: 1 Inpatient 2 28a. DATE C. (Month,	O (OR AS A CONSIDERATION OF INJURY — At It, and C. (Specify)	reaulting Tools	not anter CA (U) P): Ti C OF): In the U OTHE 4 Nu ME OF IJURY M street, fac	28. PR: raing Hon 28c. IN. 1 Ctory, office time, date	g cause LACE OF I THE STATE	GIVEN IN	Part i. Part i. 28d, DESt	24a. WAS AI PERFO (Specify) CRIBE HOW TION (Street r Rown, Stelle	N AUTOPSY RIMEO? 2 NO INJURY OC and Number	Mary rest, 24b	Approximatinterval Ba Onset and Onse

32. REGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day, Year)

1991

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

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a ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-curs after death. Page 6 may be retained by the hos	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachturs after beath with the State Dect, of Health and Mental Hypiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /				IEALTH AND DEATH	MEN	TAL HYGIEN	E 9	1 0	5436
1. DECEDENT'S NAME (First,	Middle, Last)						* -		ATE OF DEATH		YEAR 3.	TIME OF DEATH
William	J. St	olte							2 2		91	2:00 AM
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER 24 HRS.	7. D/	TE OF BIRTH		8. BIRTHPLA Country)	ACE (State or Foreign
212-20-552	27	1 M 2 - F	63.	YRS.	MONTHS	DAYS	HOURE MIN.	O j	5/17/192	7	Mary	yland
9e, FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY,	TOWN C	OR LOCATION OF	DEATH		9c. COU	NTY OF DEAT	Н
St. Agnes	Hospi	tal			Ra.]	tim	ore			N/	A	
RESIDENCE OF DEC	EDENT									83/		
Md.	10b. COUNT	Saltimore	•	10c. CIT	city, town on location Arbutus						10	d. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER							. ZIP CODE				ZEN OF WHA	T COUNTRY?
5546 Carvil	le Ave	nue				2	21227			Ţ	JSA	
11, MARITAL STATUS 1 Never Married 2 3 Divo	RMED NO	11	yes, sp	ENDENT OF HISP ecity Cuben, Mexi 2 NO Spe	lcen, Pue	IGIN? (Specify Yea rto Rican, etc.)	or No—	Black, W Specify:	American Indian, Thite, etc.			
15, DEC (Specify only Elementary/Secondary (0	EDENT'S EDU	completed)	(C	ECEDENT'S Give kind of a. Do NOT u	Work done d	CUPATIO	ON ost of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elamentally/Secondary (o	-12)	College (1-4 or 5	*/	Poli	cema	n			Balto.	lo. F	Police	Dent.
17. FATHER'S NAME (First, M	liddle, Last)			1022	COLLE		16. MOTHER'S		rst, Middle, Melden		02200	Dep v.
Arthur J.	Stoli	e							Steven			
190. INFORMANT'S NAME (7		,,,	11	b. MAILING	ADDRESS	(Street			Number, City or Tow		Code)	
Mary Jo Sto	1+0								o. Md.			
			20b. PLACE	OF DISPO	SITION (Nec	ne of ce	metery cremetory o				City or Town,	State
20a. METHOD OF DISPOSITI	on 3 Ren	noval from State	other p	don T	Park (Cem	etery				re, M	
21. SIGNATURE OF FUNERA	-	CENSEE /	-		22.1	NAME A	ND ADDRESS OF	FACILITY				
· 20	ary	L. K	ufm	an					Funeral lkridge			27
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	oort tailure.	List only one ca	over as a conse	e.					cerdlec or resp	iratory sr	rest,	Approximata interval Batwear Onset and Death
Sequentially list condit if sny, leeding to imme cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events	ing iry	с	O OR AS A CONSE	for	ulne							
reaulting in death) LAS	"	d										
PART II. Other significa	ant conditio	ns contributing to	o deeth but not	reaulting	In the un	derlyin	g cause given	in Part	I. 24a. WAS AN PERFO	RMED?	AN CX OI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DIMPLETION DF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED T	IO MEDICAL					00.7	LACE OF DESTIN	Mhr-1	of cone)			
EXAMINER?	O MEDICAL	HOSPITAL			OTHER	1 :	LACE OF DEATH					
1 YES 2 NO		1- Inpatient 2	ER/Outpatient	3 DOA	-		ne 5 🗆 Residend	_	Other (Specify)	N Hew Co	CUBEC	
_/	Pending Investigation		Day, Year)		JURY M	W	YES 2 NO	260	DESCRIBE HOW	INJURY OC	CONED	
a - autous -	Could not be determined	28e. PLACE building	OF INJURY — At h g, etc. (Specify)	ome, ferm,	atreet, fact	ory, offic	C0	2Sf.	LOCATION (Street City or Town, State		or or Rural Rou	te Number,
October ormy	-1111	SICIAN: To the best of	ATTICK THE PARTY OF THE PARTY O									nd manner se atated.
296. SIGNATURE AND TITLE	e of certific						29c. LICENSE I	NUMBER			2/26 /	fonth, Day, Year)
30. NAME AND ADDRESS O						tosp	TAL					

KRAIRERK MAR 0.1 1991

AZ BEGISTRABIA SIGNATIVE

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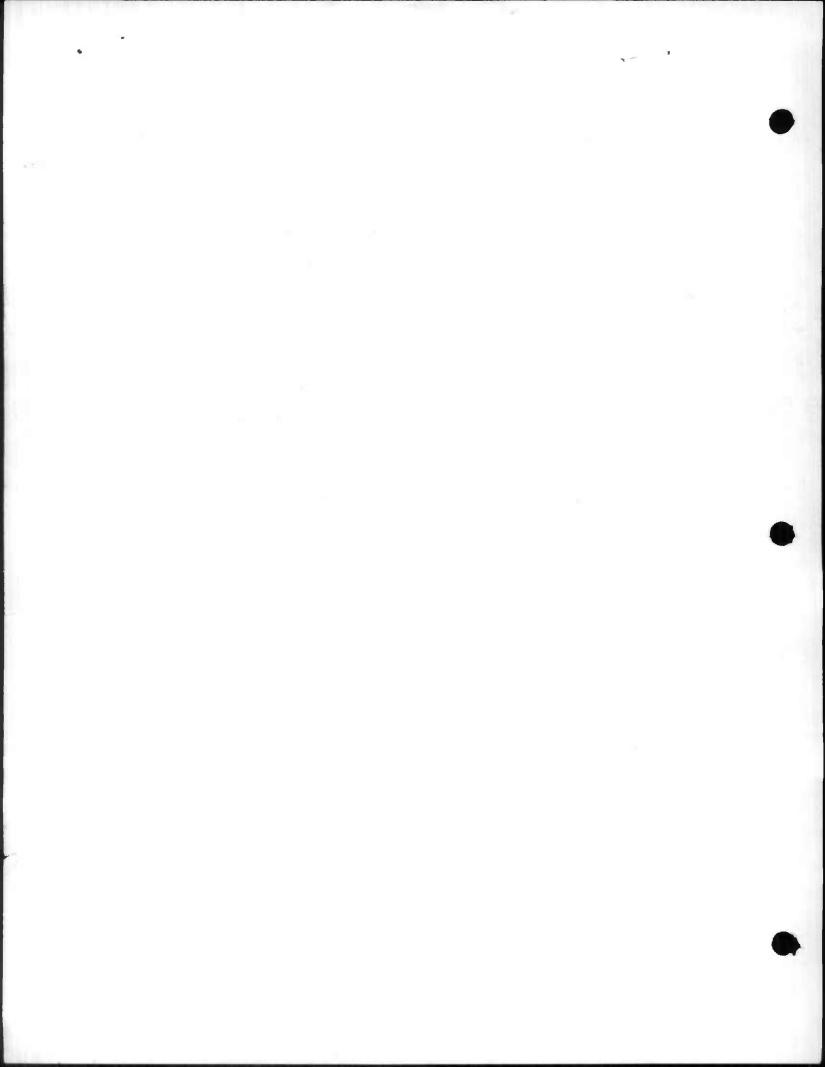
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should has and with the State Dent. of Health and Mental Morieue prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSF	TO THE FUNE	MPORTAN

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1991

	1 - STATE REGISTRAR	STATE OF MARY		TIFICAT					GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	N A. TO	aylor					2. DATE OF DI		¥47	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/7-/8-9533		Elin yrs. last biri	thday) IF UNDE	ER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day, 05-0		8. BIRT	THPLACE (State or Foreign
ron	98. FACILITY NAME (If not institution, give atm Deaton 60 RESIDENCE OF DECEDENT	oet and number)	rtess	200.00	A C	R LOCATIO	n of de	ATH .	9c. CO	UNITY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNTY	24	10	BALT]			TY	5.54	4		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1554 CARSWELL		Z.		101.	ZIP CODE	218	4	10g. C	TIZEN OF	WHAT COUNTRY?
BY	11. MARITAL STATUS Never Married 2 Married 3 Widowed 4 Divorcad	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	13		city Cuba	n, Mexican	n, Puerto Rican,	ecify Yea or No etc.)	14. RAC Bla	CE — American Indian, ck, White, atc.
LETED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest ranks completed) (Che kind of yout deap completed)										
COMPLET	7th Grade 17. FATHER'S NAME (First, Middle, Lest)	_] DC	mesti	LC	18. MOTH	IER'S NAI	ME (First, Middle	Maiden Surname)	
TO BE	Emory 19e. INFORMANT'S NAME (Type/Print)	Taylor					or Rural F		ty or Town, State, .	,	
ř	Shirley Woolford 1554 Carswell St./Baltimore, Md. 21218 20a. METHOD OF DISPOSITION (Name of completely, cremetory or 20c. LOCATION — City or Town, State										
	MXBurlel 2 Cremetion 3 Removal from State Other (Specify) Western Star Cemetery Catonsville, Md										
	23. PART Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardiac or respiratory street, ahock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Batween Onset and Death DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PERFORMED? AVAILABLE PRIOR TO										COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpetient 3 🗆	DOA 4 0 N	ER:	-		8 Other (Spe	oclfy)		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	RY 2	8b. TIME OF INJURY	28c. INJ WO				E HOW INJURY O	OCCURED	
ETED B	3 Suicide 8 Could not be 4 Homicide determined	URY — A1 home, Specify)						28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLE	TOTAL OTHY	CIAN: To the best of my kr									e(e) and manner as stated.
8E	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER 29d. DATE SIGNED (Month).						ED (Montil), Day, Year)		
ТО	SO NAME AND APPRESS OF PERSON WHO	COMPLEXED CAUSE OF	1 J. C/	1 (Type, Print)	H.	Bali	mo	ne, N	rel. 21	236)

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in

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPIGAL, DA ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 moust after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNGRAC DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 mount after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT Nicon 29 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. IND. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MO)

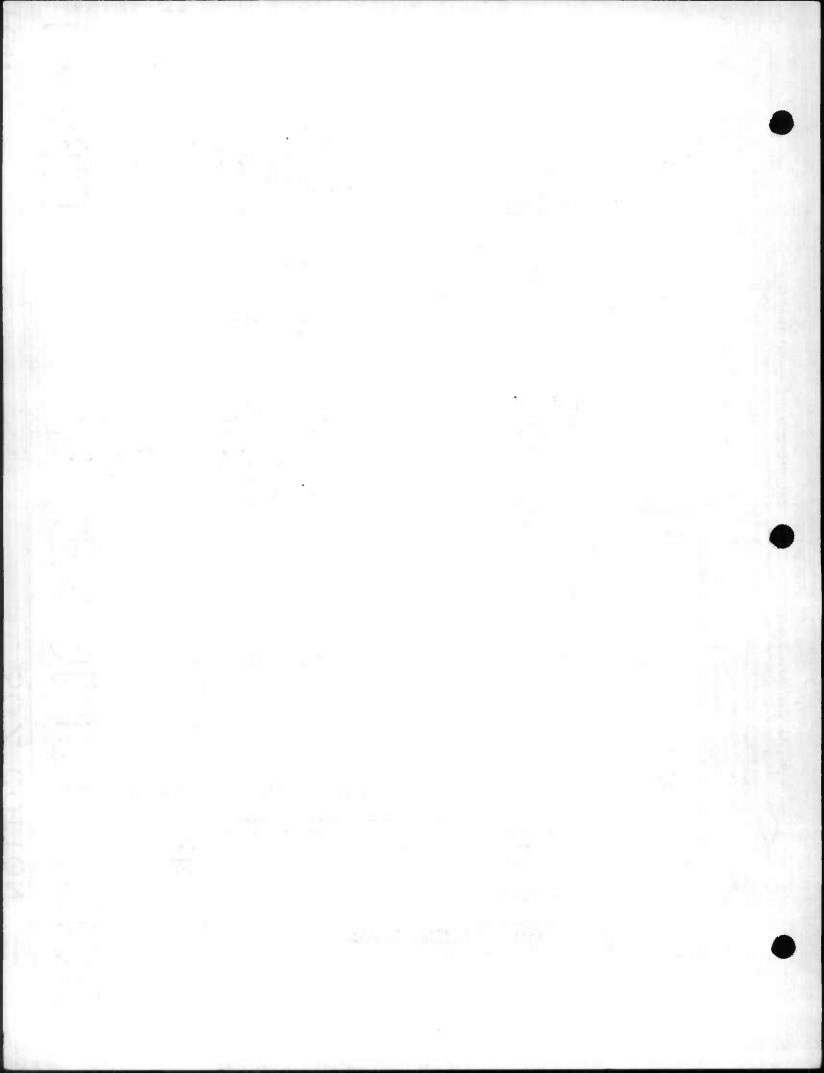
FOR 1 - STATE REGISTRAR	STATE OF I		/ DEPAR					MENTAL HYGIEN	E	1 0	3400
1. DECEDENT'S NAME (First, Middle, Last)	-1					- 11		2. DATE OF DEATH			. TIME OF DEATH
MILTON	Thoma	9 M	ilton	Tho	mas	Jr		MONTH O	7	9/	10:17 P M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs		IF UNDER 1	YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH		6. BIRTHPL	ACE (State or Foreign
118-22-9259	1 🔀 M 2 🗌 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Dey, Year) 6/3/26		New	York York
9e. FACILITY NAME (If not institution, give	street end number)					R LOCATION		ATH	9c. COU	NTY OF DEA	
Liberty Medic	cal Cent	zer		В	alt	imor	e (City			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			100 00	TY, TOWN OF	LOCAT	101					Od. INSIDE CITY
MARYLAND 100 COOK			10c. Cri				CIT	ΓY			LIMITS? LIMITS? NO
10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT		AT COUNTRY?
3505 Cedardale	Road					212	215			US	A
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED					IIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	or No-	14. RACE - Black.	- American Indian, White, atc.
Never Married 2 Merried Wildowed 4 Divorced	IF YES, GIVE V		M			2 X NO					Black
15. DECEDENT'S EDU (Specify only highest grade		180	DECEDENT'S	S USUAL OC				16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5	+)	Me. Do NOT u	use retired.)	unny mo	at or working					
17. FATHER'S NAME (First, Middle, Last)					_						
								ME (First, Middle, Maiden			
Milton Thomas 190. INFORMANT'S NAME (Type/Print)	. Sr.							Mae Mood	<u> </u>		
								Route Number, City or Tow			03.03.5
Geraldine Shep	pard						Ka	Baltimo			
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLI of ceme	ACE AND DAT tary, cremator SICO	y or other pl	SITION	(Name				City or Town	
		- Ken	sico		_			3/2/91	Vana	alla,	N.Y.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			1 22. K	AME AI	V O	DV	ett & So	n Fı	ınera	1 Home
								y Height			
23. PART I. Entar the diseases, or											Approximata
ahock, or heert failure. IMMEDIATE CAUSE (Final						,					Onset and Death
disease or condition	a. Car DUE TO LONG	udone	coere	Etons	27	MeST					45min
reaulting in death)	DUE TO	(OR AS A CON	ISEOUENCE C	OF):							
	. lan	gestur	& He	ant	Fa	Mui	ne				
Sequentially tist conditions, if any, leading to immediate		(OR AS A CO									
cause. Enter UNDERLYING				•							
CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CO	SEQUENCE C	OF):							
resulting in death) LAST	d										
PART II. Other algnificant conditio	ne contributing to	dooth but n	et recultion	de the un	dowl do		i en la	Part I. 24s, WAS AN		1	
Haras Tenses	and contributing to	death but n	or reediting	in the un	zenyin	g cause gi	ven in	PERFO		1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
Chronie Ce	11/1	V6	2 2 2 10	7				1 YES :	NO		COMPLETION OF CAUSE OF DEATH?
Emranle Cl.	rview	ruec	open	19						. 1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Ch	eck only one)	-		
1 YES 2 NO	1 Inpetient 2		t 3 DOA		Ing Hon	/ -	Idence	8 Other (Specify)	4		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE Of (Month, I	F INJURY Day, Year)	28b. TII	ME OF JURY M	W	URY AT ORK? YES 2	NO	28d. DESCRIBE HOW	INJURY O	CCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — A	t home, farm,	, street, facto	ory, offic	•		28f. LOCATION (Street City or Town, State		er or Rural Ro	ute Number,
→ □ FROMINGING GEOGRAPHINGS											100 Y
290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	f my knowledge	, death occur	rred at the H	me, date	end place,	and due	to the cause(e) end me	nner as st	ated.	
one) 2 MEDICAL EXAMIN	-0.										end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	ER				_	29c. LJCEI	NSE MI	MAFR	294 04	TE SIGNED "	Month, Day, Year)
1. mun Pail	P	5				3-		249	290. DA		I /a

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M. M. S. 3607 (ABMNTZEY ROKS

32. REGISTRAR'S

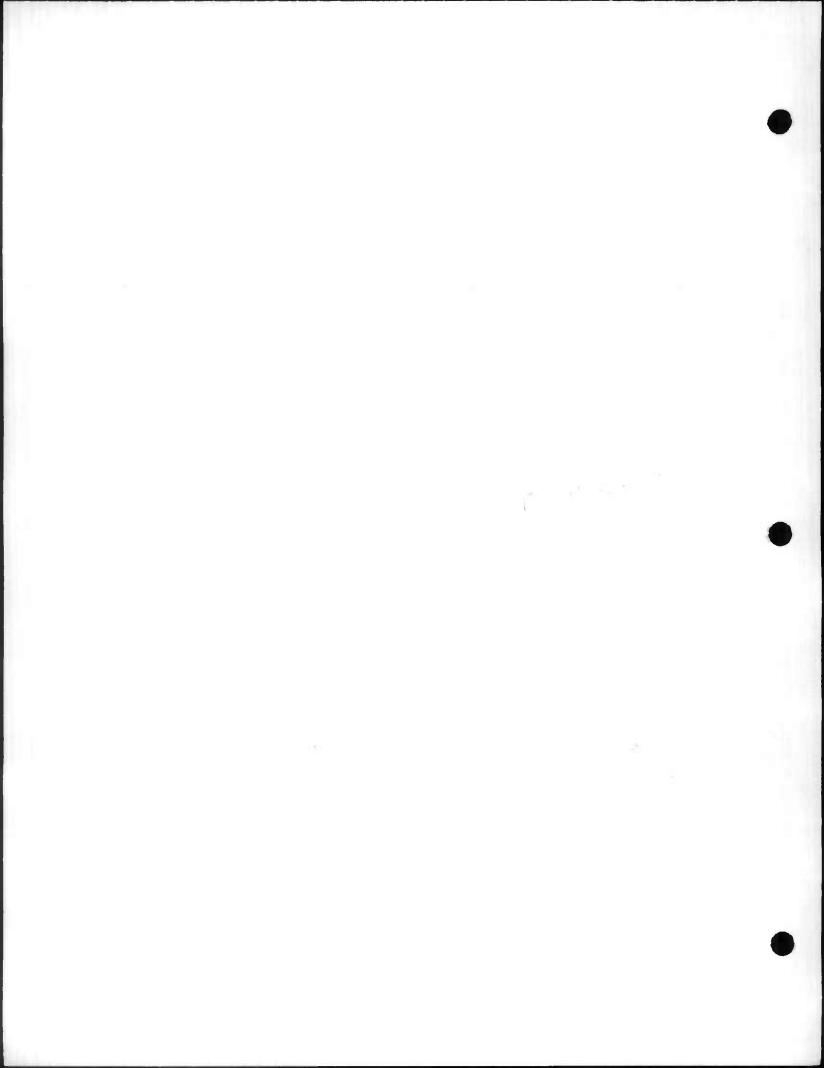
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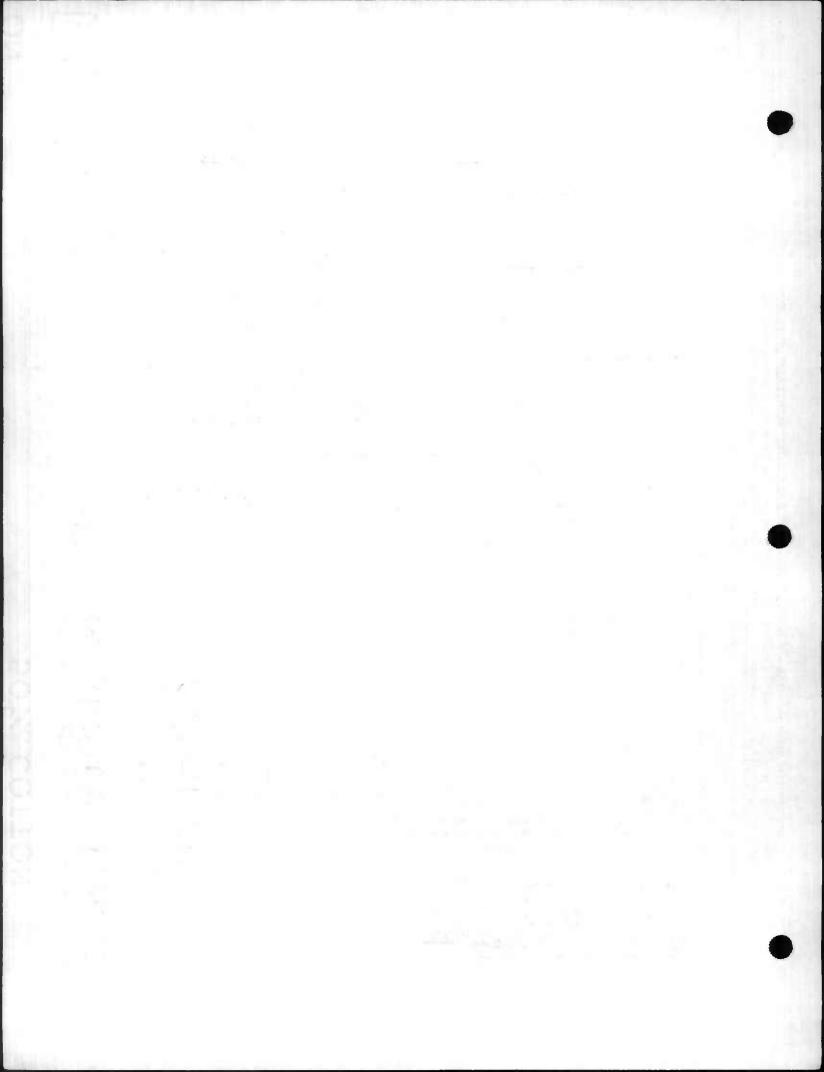
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this c be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGS. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest)	V Willia		1055		2. DATE OF DEATH MONTH DA	-	3. TIME OF DEATH			
	4. social security number 476–16–4938	1 M 2 🗆 F	in yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) Watking, Ion				
ا چ ا	9a. FACILITY NAME (If not institution, give 7609 Carter Court	street and number)			on Location of De. Ja, Marylan		9c. COUNTY	of DEATH topmery			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY	10c. CFT	Y, TOWN OR LOCA				10d. INSIDE CITY			
	Maryland Mor	ntgamery	Bet	chesda				LIMITS? 1 YES 2 NO			
RAL	100. STREET AND NUMBER 7609 Carter Court			10	. ZIP CODE 20817	7		OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	U.S. ARMED	13. WAS OE	ENOENT OF HISPANI	IC ORIGIN? (Specify Yea		PACE — American Indian, Black, White, atc.				
l Ma	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1-2-YES IF YES, GIVE WAR OR DA World War II	ATES	1 🗆 YES	ecify Cuban, Mexican 2 ∰ NO Specify:			Specify: White			
ij	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION Work done during most retired.)	ON st of working	18b. KIND OF BUS	SINESS/INDUST	ľRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Physic			Medi	ical				
BE CON	17. FATHER'S NAME (First, Middle, Last) HENRY VOSS					ME (First, Middle, Meiden nde Obertheir					
75	19a. INFORMANT'S NAME (Type/Print) Helen Voss			Carter Co		oute Number, City or Tow SSDa, Marylar					
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re Donatics 5 Other (Specify)	moval from State	other place)	SITION (Name of ce	netery, cremetory or tional Came			n, Virginia			
	21. SIGNATUSE OF FUNERAL SERVICE	geneficial (AL.		ND ADDRESS OF FAC	-					
	* War Deleg St	el el		6161	Læsburg Pi	ke Falls Chi	urch, Vi	rginia 22044			
	23. PART I. Letter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Death										
TION	Sequentielly list conditions, if sny, leading to immediate	b. POOR LU	CONSEQUENCE								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE C	resource of the adrenal T LUNG with RIGHT metastas							
1 - 1	PART II. Other significent condition	one contributing to deeth b						24b, WERE AUTOPSY FINDINGS			
: MEDICA		-			5.5 6	PERFOI	V	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF OEATH (Che	ock only one)					
IYSI	1 YES 2 NO	1 Inpatient 2 ER/Outs	patient 3 DOA		ne 5 K Residence		IN HIEV COCIE	250			
	1 Natural 5 Pending	(Month, Day, Year)	IN IN	JURY W	PURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJUNT OCCUP	160			
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28a PLACE OF INJURY	— At home, farm,	street, factory, offic	:0	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
COMPLET	cone)	/SICIAN: To the best of my know NER: On the bests of examination									
BE	29b. SIGNATURE AND TITLE OF CERTIF	er Usan L	lan	MO	29c. LICENSE NUM D 2 8	18ER 267	29d. DATE S	IGNED (Month, Day, Year)			
욘	30. NAME AND ADDRESS OF PERSON V	who completed cause of de		(d. Ge	Dege to	ward,	MBe	thesda,			
	31. DATE FILED (Month, Day, Year) MAR () 1 1991	32. REGISTRAR'S SIGN									



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ING.	Afte
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	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be re	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 in filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	0	0 0

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. THE	ME OF DEATH
į.	MR. PAUL Douglas WEST 28 91	
	4. SOCIAL SECURITY NUMBER 5. SEX 216-42-3866 1. SEX 2 S. AGE (In yrs. lest birthdey) 48 46 YRS. SI Hours F UNDER 14 HRS. F UNDER 24 HRS. T. DATE OF BIRTH (Month, Day, Year) 48 46 YRS. SI Hours Min. T. Day, Year) 90. FACILITY NAME (If not institution, give street end number) 90. FACILITY NAME (If not institution, give street end number)	N C
TOR	308 EAST 27th. Street Baltimore City	
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.	INSIDE CITY LIMITS? YES 2 \(\square\) NO
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT (
BY FUNERAL	11. MARITAL STATUS 1	merican Indian, te, etc. Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th Grade College (1-4 or 5+) Warehousemen College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5-) College (
BE COM	17. FATHER'S NAME (First, Middle, Lest) Eugene West Bernice Common	
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 308 E. 27th Street/Baltimore, Md.	21218
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name of cemetary, crematory or other place) Garrison Forest Va Cem. Owings Mill	
	21. SIGNATURE OF FUNERAL SERVICE LICENSES WM.C. MARCH F.H. 1101 E. NOR'	TH AVE.
	23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart feliure. Liet only one ceuse on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Betwee Onset and Daat
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d	(E))
CAL	PERFORMED? 1 YES 2 NO OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE WEATH? YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 4. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:	
BY PHYS	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Netural 1 YES 2 NO NO NO NO NO NO NO	9,5
	2 Accident investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end	manner as stated.
TO BE	296 SIGNATURE AND TITLE OF CERTIFIER 296 LICENSE NUMBER 296 LICENSE NUMBER 297 BB 296 LICENSE NUMBER 296 LICENSE NUMBER 297 LICENSE NUMBER 297 LICENSE NUMBER 297 LICENSE NUMBER	th, Day, Year)
Ĕ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SHALINI KAMAL. 1407 YORK RD. SUITE 305, MD. 21093	3.
	31. DATE FILED (Month, Day, Year) MAR 0 1 1991 Sura Davidson-Randale	

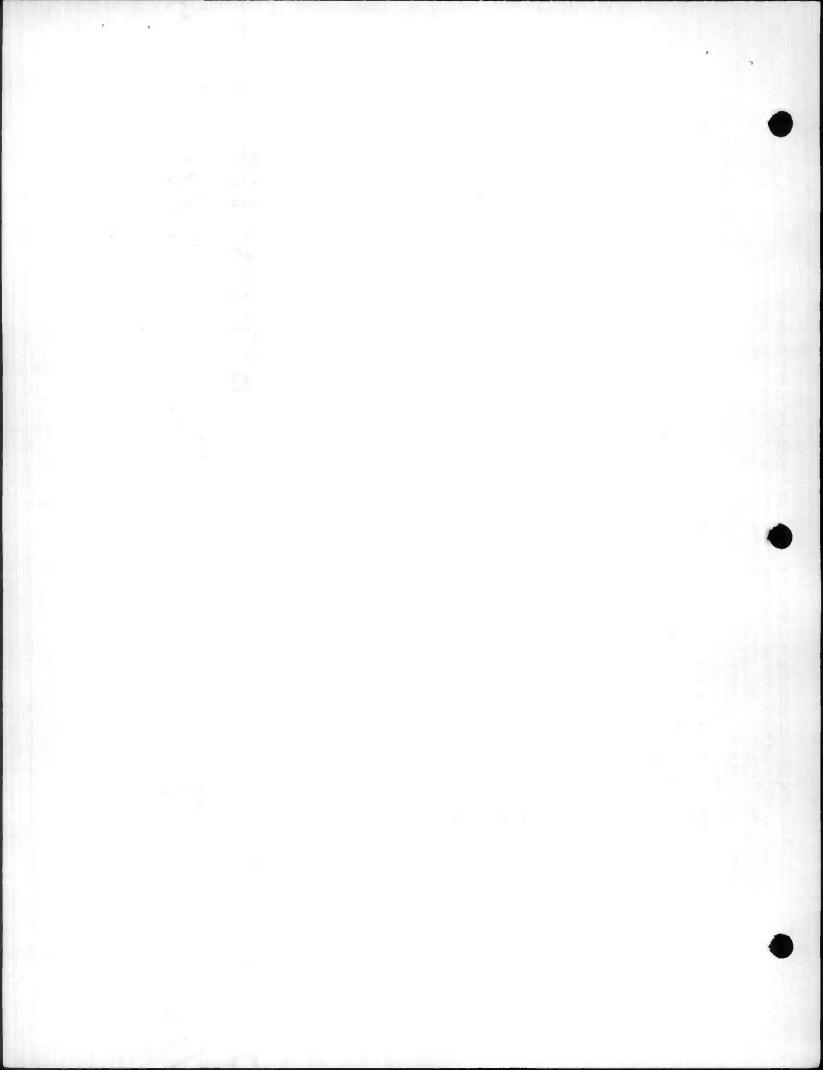


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAR 0

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT		MENTAL HYGIEN REG. NO.	E 9	05441
1. DECEDENT'S NAME (First, Middle, Last) WARE T. W	ASHINGTON			2. DATE OF BEATH BOTH	W 91 YEA	7:46 P
And al live	SEX 6. AGE (in yrs. in 19) and number).	YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MHN. TOWN OR LOCATION OF D	7. DATE OF MINTH (Moght), D. 19		RTHPLACE (State or Foreign country) S C F DEATH
RESIDENCE OF DECEDENT / 10a. STATE 10b. COUNTY		10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
3404 Copley	. Nel		10f. ZIP CODE	18	0	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AI FDRCES? 1 TYES 2 IF YES, GIVE WAR DR DATES	NO N	AS DECENDENT OF HISPA yea, specify Cuban, Mexic YES 2 NO Speci	an, Puerto Ricen, etc.)		IACE — American Indian, Black, White, atc.
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (C	ECEDENT'S USUAL OCE Give kind of work done du n. Do NOT use retired.)		16b. KIND OF BU	SINESS/INDUSTR	Y
17. FATHER'S NAME (First, Middle, Last)	urphy		18 MOTHER'S N.	AME (First, Middle, Maiden	Surname)	der
100. INFORMANT'S NAME (Typo/Print)	-ernandez "	3404 C	Street and Number or Fural	Poute Number, City or Tow	m, State, Zip Gode	21215
20a METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remova Donation 5 Other (Specify)	I from State other p	OF DISPOSITION (Name (Na	of complete, cromatory of	rk (a	ecation - chy o	Town, State
21. BIGNATURE OF FUNERAL SERVICE LICEN	Elvon	14	and appress of F	4-West	A Se	e
23. PART I. Enter the diseases, or con shock, or heart fellure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	pilicationa that caused the detection on a cause on each lin	al int	archin	ch as cardiac or reap	iratory arreat,	Approximate interval Between Quaset and Des
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (DR AS A CONSE		dislar	(years
d	contributing to death but not	resulting in the unc	derlying cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING
				1 TYES	PMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	IOSPITAL:	OTHER 3 □ DOA 4 □ Nursi	26. PLACE OF DEATH (C			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		26c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCURE	D
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — AI h building, etc. (Specify)	ome, farm, street, facto	ry, office	281. LOCATION (Street City or Town, State		ral Route Number,
and and	N: To the bast of my knowledge, d On the basis of exemination and/or					use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	10 Kin	5	29c. LICENSE NU	IMBER CO	29d. DATE BIG	NED (Month, Day, Year)



3. TIME OF OFATH

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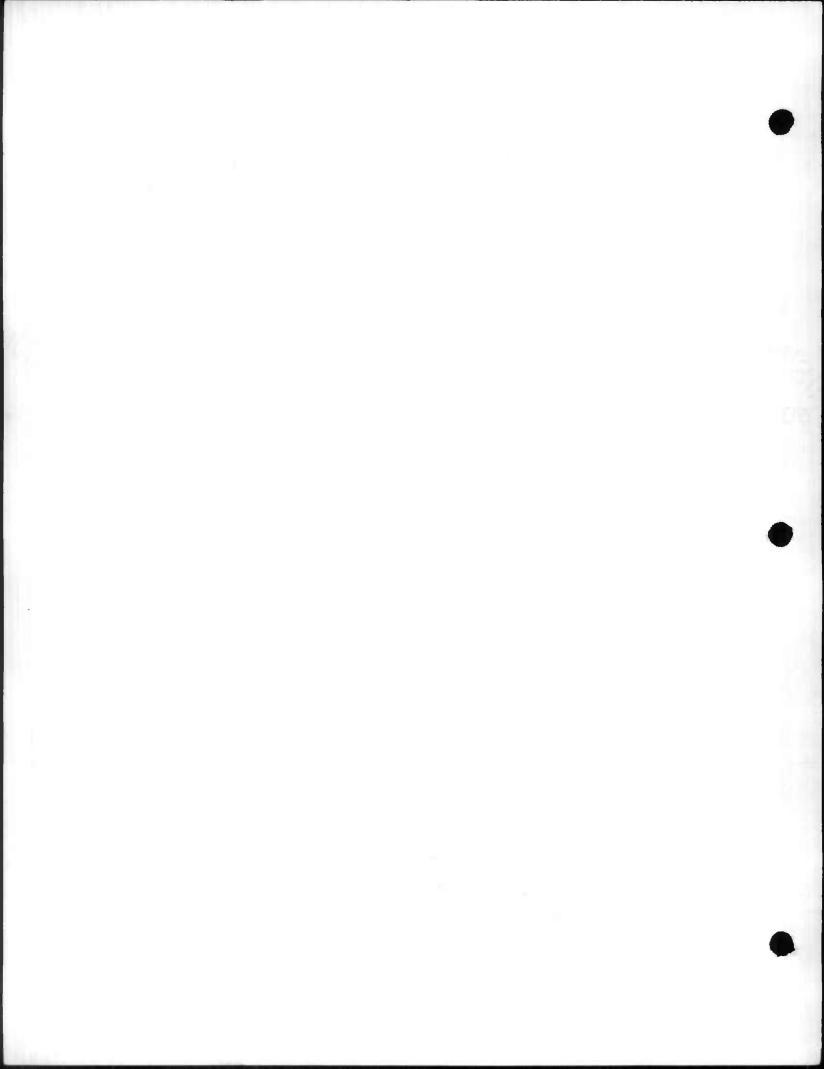
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2. DATE OF DEATH

notified

examiner urs after death. been signed by the attending physician and completely filled in by the nt. of Health and Mental Hygiene prior to burial, cremation, or removal. medical the event. requires that the death certificate be executed within or other Injury, c shows any has by Dept. ₩ 23 The certificate ha Hem HOSPITAL OR ATTENDING PHYSICIAN: 0 with t marked, DIRECTOR: After to hours after death vitem 28 is mari FUNERAL I within 72 h MPORTANT 물 물 등 223

1. DECEOENT'S NAME (First, Middl Mildred Wade 6-91 9135 2-B 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fo IF UNDER 1 YEAR IF UNDER 24 HRS. 1 - M 2 XF 217-24-0294 YRS. Se. FACILITY NAME (If not institution, ghas 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Buttimore Cou DIRECTOR 10c CITY TOWN OR LOCATION 10a STATE 10d. INSIDE CITY Maryland Baltimore XX YES 2 NO 10e. STREET AND NUMBER FUNERAL 10d CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 21215 5421 Denmore Ave. U.S.A. 11. MARITAL STATUS 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Married 2 Married
3 Widowed 4 Divorced 1 YES 2 NO Specify: Specify: BY Black. ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade comple 165 KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) COMPL Private Family High School Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Bessie Wilson Ħ Fred Wilson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2759 Raynor Avenue Baltimore, Maryland 21216 Violetta Wade Pe 20a, METHOD OF DISPOSITION
1 \(\text{L} \) Burlal 2 \(\text{Cremation} \) 3 \(\text{R} \) Re 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, Stata must Baltimore National Cemetery Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falls Parkway Baltimore, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or haert failure. Liet only one cause on sech line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel Differentiated Sq. Cell CA Left Lune disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not reculting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: HOSPITAL:
IN Inpatient 2 ER/Outpatient 3 DOA 1 TYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigat 1 YES 2 NO ВХ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, abuilding, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide 29a, CERTIFIER and piece, and due to the cause(s) and menner as stated. ith occured at the time, date and place, and due to the cause(s) and man 29b. SIGNATURE AND TITLE 29d. DATE SIGNED (Month, Day, Year) 29s. LICENSE NUMBER BE 2-26-91 9 Lulie Davidson-Randal MAR



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.1. Nous after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

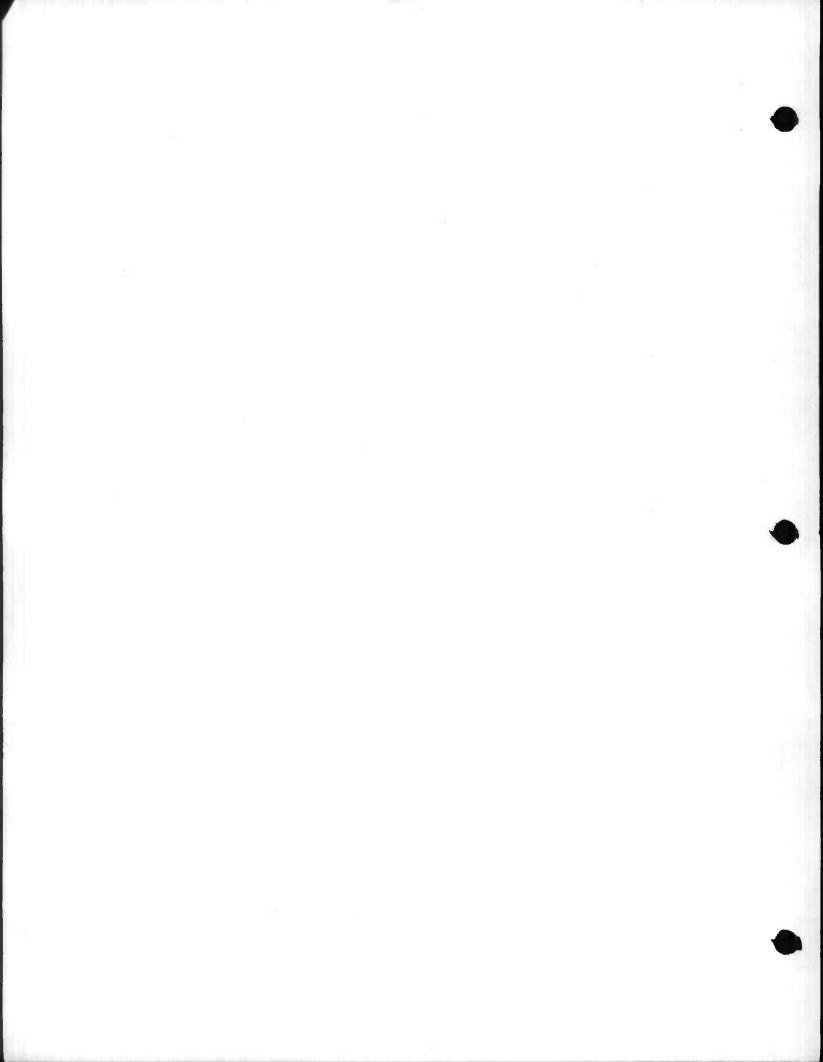
	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA	RTMENT OF I		MENTAL HYGIE REG. N		00440	
	1. OECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH		3. TIME OF DEATH	
	MARTHA	ESTELL	E WI	LLIAMS			27, 1	991	м
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
	215-48-8008	1 - M 2 X F	52 YRS.	MONTHS DATS	HOURS MIN.		L939	Virginia	
_	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUN	TY OF DEATH	
5	2736 West Farimon	nt Ave.		Bal	timore				
2	10a. STATE 10b. COUNT	Y	10c. Ci	TY, TOWN OR LOCA	TION			10d. INSIDE CITY	
盲	Maryland		В	altimore				1 X YES 2 NO	
A	10e. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	
BY FUNERAL DIRECTOR	2736 West Fairmon				21223			. S. A.	
2	11. MARITAL STATUS 1 Never Married 2 Married		EVER IN U.S. ARMED YES 2 X NO			PANIC ORIGIN? (Specify 1 Icen, Puerto Ricen, atc.)	fee or No—	14. RACE — American Indian, Black, White, etc.	
} B	3 Widowed 4 Divorced	IF YES, GIVE WAR	R OR DATES	1 🗆 YE	S 2 NO Spe	cify:	44	Specify:	
	15, DECEDENT'S EDU	CATION	16a, DECEDENT	S USUAL OCCUPATI	ON	16b. KIND OF B	USINESS/INDO	Black Black	-
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind o	f work done during m use retired.)	ost of working				
P P	12th Grade		Но	memaker					
8	17, FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, Maide			
BE	Henry Nelson					inia Crawl			
6	19a. INFORMANT'S NAME (Type/Print)					al Route Number, City or T			
	Donny Williams		20b. PLACE OF DISP	West Fai			ltimor	e, MD 21223 Oity or Town, State	_
	1X Burial 2 Cremation 3 Ren	noval from State	other place) Western		The state of the s			e County, MD	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSE	Western					ral Homes, Inc	
	> Baus L	Lollen	·			Falls Park		, , , , , , , , , , , , , , , , , , , ,	
	23. PART I. Enter the diseases, or	complications that	caused the death. Do	not enter the m	mere. Mi	uch as cardiac or rea	piratory arre		
	ahock, or feart failure.	. List only one ceus	e on each line.			Α		Interval Between Onset and Dear	
	disease or condition resulting in death)	Mult	ble (ad	hierold	soul	and In	ran	As lue	
	resorting in death)	DUE TO (C	ORAS A CONSEQUENCE	OF):	- d	0 60		1.	
Z	Sequentially list conditions,	· KIQN	4 Jules	enal	Acom	al ster	10517	Micerales	_
CERTIFICATION	If any, laeding to immediata cause. Enter UNDERLYING	DUE to (C	OR AS A CONSEQUENCE) N. D.	01116	BC.	agi	ee 742	
윤	CAUSE (Disease or Injury that initiated events	c. DUE TO (C	OR AS A CONSEQUENCE	OF):	er coe	<u> </u>			
E	resulting in death) LAST	4	•	•					
	DA DE II Ostar al california accadista							1	
S S	PART II. Other algorificant condition		A LOW	In the underlyii	ng ceuse given	In Part I. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIDE TO COMPLETION OF CAUSE	5
EDIC	mpe		AN AC	A C	On de	1 TYES	2 NO	DF DEATH?	
Σ	- Coico	rancy	MAN		resce	12()		1 TES 2 NO	
AN	25. WAS CASE REFERBED TO MEDICAL			26.1	PLACE OF DEATH	(Chack only one)			_
SICIAN	EXAMINED 2	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:	. /	ce 8 Other (Specify)			_
PHY	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		IME OF 28c. II	JURY AT	28d. DESCRIBE HO	W INJURY OCC	CURED	_
ВУР	1 Actival 5 Pending 2 Accident Investigation		, 100)		YES 2 NO				
ED B	3 Suicide 8 Could not be	28a, PLACE OF building, e	INJURY — At home, fam tc. (Specify)	n, street, fectory, off	Ice	281. LOCATION (Stre City or Town, Str		or Rural Route Number,	
ETE	4 Homicide determined								
글	Crieck only	SICIAN: To the best of m	ny knowledge, death occi	irred at the lime, de	te and place, and	dus to the cause(s) and	manner as stat	ted.	
COMPL	one) 2 MEDICAL EXAMIN	IER: On the basis of exe	mination and/or investiga	tion, in my opinion,	death occured at	the time, data and place.	, and dua to th	ne cause(s) and manner as stated.	
BE	296. BRENATURE AND TITLE OF CERTIFF		hear		29c, LICENSE	SIAL	29d. DATI	E SIGNED (Month, Day, War)	
2	30, NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE	OF DEATH APPEN STO	ne Print1 -	<u> </u>	31170		>11/41	
	150 1	sale	OF DIGHTHAN 27) (5	ja s	d.	Baltu	ma	ac and	
	31. DATE FILED (Month, Day, Year)	1 32 REGISTRAN	TO SIGNATURE	Ra.					
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ned by the attending physician and completely filled in by the funeral director, page 5		miner must be notified at once.
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II Q	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bur	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examine
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#2a,per F.H.,te 5/17/91 kam & 19a
FOR STATE STATE OF MARYLAND / DEPARTMENT DF HEALTH AND MENTAL HYGIENE

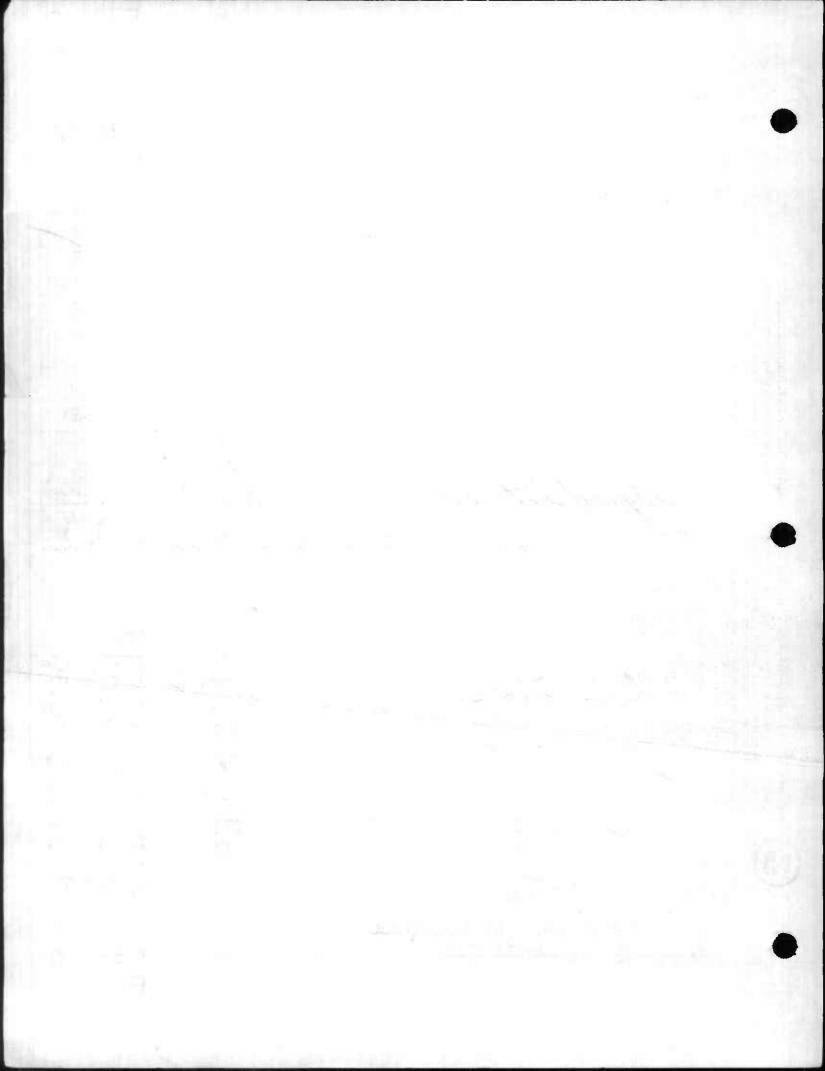
	REGISTRAR			CERTIF	ICALE	: 01	DEALL		REG. NO.			
ķ	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DA	1991		3. TIME OF DEATH
	ROBERTA E.	WINKEL						FEB.		1990		5:30A M
	215-09-0646	5. SEX	6. AGE (In yrs.	lest birthday) YRS.	IF UNDER	DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D JAN.	ley, Ybar)	1911	Country	
	9a. FACILITY NAME (If not institution, give s		- 00	7755	9b, CITY	TOWN C	R LOCATION OF DE		24,		ITY OF DI	RYLAND
<u>بر</u>	4222 SEIDEL AVENU	E					IMORE					
5	RESIDENCE OF DECEDENT			_								
<u> </u>	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN C							10d. INSIDE CITY LIMITS?
2	MARYLAND 100. STREET AND NUMBER				BALT	CIMO	RE ZIP CODE			40 0171	7511 05 11	YES 2 NO
FUNERAL-DIRECTOR	4222 SEIDEL AVENU	F				101	21206				J. S.	
NE I	11. MARITAL STATUS		T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT OF HISPAN	VIC ORIGIN?	Specify Yea			— American Indian,
	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		MO		If yes, sp	acity Cuban, Maxica 23/2/NO Specify	n, Puarto Rica			Black Specii	, White, etc.
B	3 WWIdowed 4 Divorced						-A-A				4,500	WHITE
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a.	Give kind of	work done	CCUPATIO	ON st of working	16b. KI	ND OF BUS	SINESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12) NA	College (1-4 or 5 d		ille. Do NOT u TCTCOMTCT		DUTC	ਰ ਹਵਾਰ ਤ		ידי כד א כדי	MENIO	CMOT	
M	17, FATHER'S NAME (First, Middle, Lest)	IVA	100	STOME	K SEI	CVIC	E REP.		PART		2101	KE .
	THE SER OF SERVICE	N						TA GAF		,		
H	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	3 (Street a	nd Number or Rural i				Code)	
2	WALTER GROTJOHAN 190. INFORMANT'S NAME (Type Print) WILLIAM R. WINKE	lman RLMAN SR.	(SON)				DRIVE, B					2
1	I 200. METHOD OF DISPOSITION		20b. PLA	CE OF DISPO	SITION (No	me of cer	netery, cremetory or			CATION —		
	1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	loval from State	GAR	DENS (OF FA	AITH	CEMETER	Y	BA	LTIMO	RE, M	D.
1	21. SIGNATURE OF FUHURAL SERVICE LI	CENSEE	/ \				MUNEK FU		поме	C TN	TC.	
	Shu 7	Bell			3	3331	BREHMS 1	LANE.	BALT	IMORE	E. MI	. 21213
	23. PART I Enter the diseases, or	complications tha	t caused the	death. Do	not enter	the mo	de of dying, suc	h as cardia	c or respi	ratory arr	est,	Approximate
	shock, or heart feliure. IMMEDIATE CAUSE (Final											Interval Between Onset and Death
	disease or condition resulting in death)	. Kespod	siline	2°	2	en	& stope	- Co	PD			suddyn
		PAE A	(OR AS A CON	SEQUENCE O	F):		8	•	•			
NO	Sequentieily list conditions,	a. Respondence	100 48 A CO	the	L	unf)		_			
ATI	If any, leeding to immediate cause. Enter UNDERLYING	DOE 10	(On A CA NO)	SECULIACE O	*).	ں						j
FIG	CAUSE (Disease or Injury that initiated events	CDUE TO	(OR AS A CON	SEQUENCE O	F):							
CERTIFICATION	resulting in deeth) LAST	d										
	PART II. Other significant condition	ns contributing to	death but no	at resulting	In the ur	derivin	n cause given in	Part i 2	fa, WAS AN	AUTOPSY	245	. WERE AUTOPSY FINDINGS
EDICAL				ot recurring	in ale of	roottynt,	y cause given in		PERFOR	RMED?	240	AVAILABLE PRIOR TO COMPLETION DF CAUSE
Ē								— ¦'	☐ YES 2	NO		OF DEATH?
Σ								—]				1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpetien	8 3 DOA	OTHE!		e 5 🗆 Residence	6 🗆 Other (S	Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF (Month, D		28b. Till	IE OF JURY	28c. IN.	URY AT	28d. DESCE	IBE HOW I	NJURY OC	CURED	
β¥	1 Natural 5 Pending 2 Accident Investigation		_		— м	1 🗌	YES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE C building,	otc. (Specify)	t home, farm,	street, faci	tory, offic	•	281. LOCATI City or	ON (Street a Town, State)	and Number	or Rural F	Route Number,
COMPLETED						-				·		
AP.	(Check only one)											
Ö	2 MEDICAL EXAMINI	ER: On the basis of a	xamination and	Vor investigati	on, in my o	opinion, c	leath occured at the	time, data ar	d placa, an	d dua to th	ne cause(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R	6-				29c. LICENSE NUI			1111		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED	SE OF PEATH	TEM 27 G	District.		D 201	7 8		7	7	27 - 91
	RIDA FRAYHA M.		AND DESCRIPTION OF THE PARTY OF		,	7 E C 17	TITE MO	2122	5			(
	31. DATE FILED (Month, Day, Year)	.32. REGISTRA	R'S SIGNATUR	E	, rin	. ۷ د سک	ILLE, MD	. ∠1∠∠	ر.			
	MAR 1 1991	gulia Dav	don-Re	ndelle								
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TOTAL METEROPINE OF ATTENDINE PRESIDENCY; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	IN THE MACHAL LINESTOR. ATM. THIS CALIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	第 第	MPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY	CERTIFIC	AIE UF	DEALIT		REG. NO.			
1. DECEDENT'S NAME (First, Middle, CATHERINE					2. DATE	OF DEATH	3 91	YEAR	12:05 A
4. SOCIAL SECURITY NUMBER 220-42-9289 9a. FACILITY NAME (If not institution.	1 □ M 2 🖾 F 84	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	APRI	of BIRTH th, Day, Year) L 23,1	8	MAR	YLAND
Committee of the second	GENERAL HOSPI		B. CITY, TOWN C	OR LOCATION OF D	EAIH				OUNTY
10a. STATE 10b. C	OUNTY BALTIMORE	10c. CITY, 1	OWN OR LOCAT	ARBUT	rus				10d. INSIDE CITY LIMIT87
10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZE		HAT COUNTRY?
1108 CIRCLE DE 11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER	S 2V NO	13. WAS DEC	21227 ENDENT OF HISPA ecity Cuban, Mexic 200 NO Speci	an, Puerto	N? (Specify Yee Rican, etc.)	U.S.	4. RACE -	- American Indian, White, etc.
15. DECEDENT* (Specify only highes) Elementary/Secondary (0-12) 12th GRADE	S EDUCATION It grade completed) College (1-4 or 5+) 2 YEARS	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo etired.)	ON est of working	186	b. KIND OF BUS	SINESS/INDUS	STRY	
17. FATHER'S NAME (First, Middle, La		HOMEMAKE	R	18. MOTHER'S NA	AME (First,	Middle, Malden	Sumame)		
JAMES EMMANUEL				JANE CA					
19a. INFORMANT'S NAME (Type/Print CHARLES A. WUN				and Number or Rural		all red to			
20e. METHOD OF DISPOSITION 1 St Burlel 2 Cremation 3 C 4 Donation 5 Other (Specify	Removal from State	cob. PLACE AND DATE Of cemetary, crematory or NEW CATHEDE	F DISPOSITION		DAT	TE 20c. LO	CATION — CH	ty or Tow	
21. SIGNATURE OF FUNERAL SERV		NEW CATHEDE		ND ADDRESS OF F		Z BA	LITIMO	KE	
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23. PAHT 1 speer the disease shock, or heart fe	s, or complications that cous- illure. List only one couse on	ed the death. Do not	HUBBAF	RD FUNERA VILKENS Ide of dying, suc	AL HO	JE. BAI	TIMOR	E. N	Approximete Interval Between
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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3. TIME OF DEATH 1050am

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2. DATE OF DEATH

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 redux after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burning permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPDRTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN REG. NO		1 45447
	1. DECEDENT'S NAME (First, Middle, Lagt) ZALDIN			2. DATE OF DEATH MONTH Z - 2	2. DATE OF DEATH 3. TIME OF DEATH			
COMPLETED BY FUNERAL DIRECTOR	212-30-4765	1 M 2 D F 8	Q YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, War)	9	BIRTHPLACE (State or Foreign Country) NEW YORK
	BALTIMORE COUNTY GENERAL HOSPITAL RANDALLSTOWN BOATH BALTIMORE							
		BALTIMORE		10c. CITY, TOWN OR LOCATION REISTERSTOWN				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	344 BONNIE MEADOW	BONNIE MEADOW CIRCLE		101. ZIP CODE 21136		6	10g. CITIZEN OF WHAT COUN	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Avidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGING If yes, specify Cuban, Mexican, Puerto 1 PYES 2 NO Specify:		an, Puerto Rican, etc.)	a or No 14	S. RACE — American Indian, Black, White, etc. Specify: WHITE
	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	de completed) (Give kind of work done during most of working			16b. KIND OF BU	ISINESS/INDUS	BTRY	
		College (1-4 or 6 +)	PRO	PROPRIETOR ACME AUTO SUPPLY			PPLY	
	17. FATHER'S NAME (First, Middle, Lest) NATHAN ZALDIN					ME (First, Middle, Maiden Surmarne) IINNIE SCHER		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	et and Number or Rural Route Number, City or Town, State, Zip Code)			
2	MRS. NANCY PETTY		344 I	BONNIE N	MEADOW C	IRCLE REI	STERST	OWN, MD 21136
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Temperature from State 4 Donation 5/D Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of competency or other place) BNAT ISRAEL (MISHKON ISRAEL SEC.) 2/28/91 BALTO., MD							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215							
NO	23_PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):							
Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part				RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
B		1 Inpetient 2 ER/Outpet 26e. DATE OF INJURY (Month, Day, Year)		4 Nursing Hon OF 28c. IN.	IURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCU	RED
	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY building, etc. (Specify)		- At home, farm, st	M 1 YES 2 NO		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL XX 1918 On the best of my annual of the class of mination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.							
TO BE	29c. SIGNATURE AND TITLE 29d. DATE SIGNED (Moritty, Day, Year)							
	ALLEN HETTEEMAN, M.D., 1777 REISTERSTOWN PD., PKESUILLE MD., 21208							
	31. DATE FILED (MÖRIF), Day, Year) MAR 1 1991	32 FEGISTRAD'S SIGNAT		High		1	,	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buris	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT; If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	91	05448	
	1. DECEDENT'S NAME (First, Middle, Last) RAY	L.	ALE	KANDER	2. DATE OF DEATH DA O3 01	91	3. TIME OF DEATH 01:30 AM M	
	204-03-5680A	1 M 2 □ F 73	YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/18/191	7 Pe	nnsylvania	
CTOR	90. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT							
BY FUNERAL DIRECTOR		Arundel		own or Location en Burnie			tod. INSIDE CITY LIMITS? 1 YES 2 NO	
	404 Broadview Blvd.			101. ZIP CODE 21061	21061		10g, CITIZEN OF WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EYER IN U.S FORCES? 1 XYES 2 IF YES, GIVE WAR OR DATES	NO S	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	can, Puerto Rican, etc.)	Bie	CE — American Indian, ck, White, etc. ccity: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Thirnown 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Laborer							
BE CON	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Norie Norie							
TO B	James E. Troxell, Sr. 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 404 Broadview Blvd., Glen Burnie, Md. 21061							
	20a, METHOD OF DISPOSITION 1							
	21. SIGNATURE OF THE TALL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home 5695 Main St., Elkridge, Md. 21227							
	IMMEDIATE CAUSE (Finel	et only one cause on each	line.		ich as cardiac or respi	retory arrest,	Approximate Interval Between Onset and Death	
	disease or condition resulting in deeth) Ruptured Aortic Anerism DUE TO (OR AS A CONSEQUENCE OF):							
TION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting In death) LAST							
MEDICAL CE	PERFORMED? AM CO 1 YES 2 NO OF					No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N. W	1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1							
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED							
0	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						I Route Number,	
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)							

/7845 OAKWOOD ROAD #204/GLEN BURNIE, MARYLAND 21061

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E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the beautificate be executed within 2-100/s after beauti. Page of may be retained by the	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be do		more as the market or them 22 shows one interest transfer asset the market available must be antiffed at a
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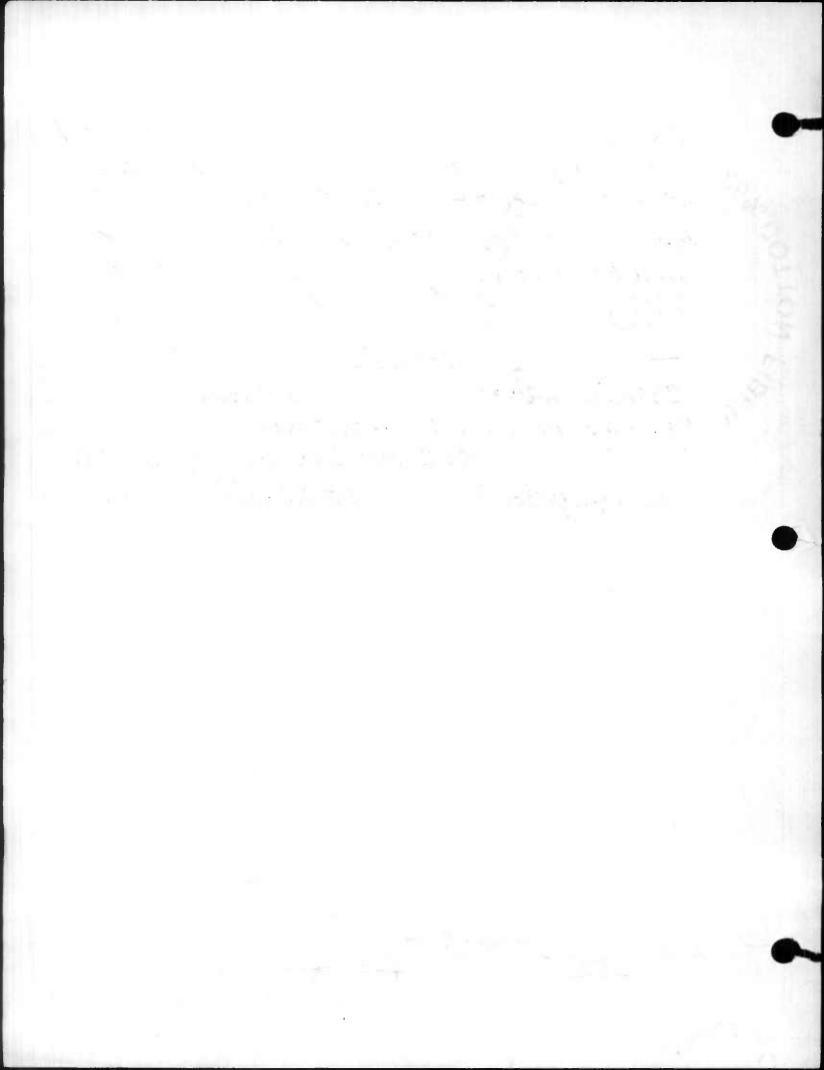
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. FOR STATE REGISTRAR 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATN 26 ANDERSON 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS 5. SEX IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1 M 2 M 9e. FACILITY NAME (If not institution 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10b. COUNTY 10c. CITY, TOWN OR LOCATION ore 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 5 WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No if yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11, MARITAL STATUS 14. RACE — American Black, White, stc. 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade complete H Elemantary/Secondery (0-12) College (1-4 or 5+) COMPL Mestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname BE 19b. MAILING ADDRESS (Street and Number, City or Town, State, Zip Code) 2 METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION 20c. LOCATION - City or Town, State nation 3 🗆 Rem 4 Donetion 6 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 0 23. PART I. Enter the classes, complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory shock, or heart feliure. List only one cause on each lins. Approximete interval Between **Onset and Dasth** IMMEDIATE CAUSE (Final 320 him continuesses fr disesse or condition resulting in death) A CONSEQUENCE OF): 300 CERTIFICATION Sequentielly list conditions, 3 wh If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO AS A CONSEQUENCE OF): that initiated events rasp resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DE CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 - Nursing Nome 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Acctdent 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rurel Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Nomicide 29s. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and my 29d. DATE SIGNEO (Month, Day Year) 29b. SIGNATURE AND TITLE OF CERTIFIED BE D40356 260/91 MY 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

182, REGISTRAR'S SIGNATURE LIVE DAY OF THE PARTY OF THE PROPER



31. DATE FILED (Month, Day, MAR 04



3. TIME OF DEATH

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2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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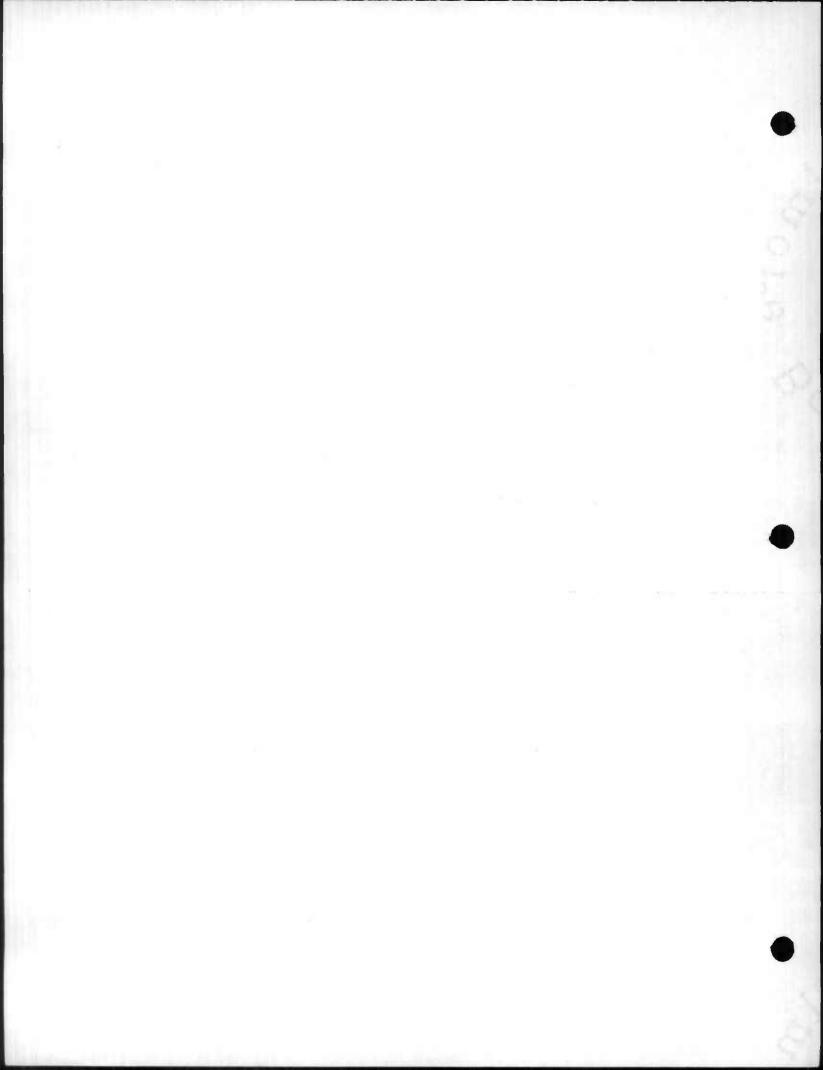
2:308 28 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 5. SEX 8. AGE (In vrs. lest birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 39 -60 1 M 2 F YRS. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOUSE BALTIMORE, JOSEPH RICHIE MD DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 1XYES 2 NO 10c. CITY, TOWN OR LOCATION 10a STATE 10h COUNTY MD BALTIMORE, CITY 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE 10s. STREET AND NUMBER 21218 USA 2861 GREENMOUNT AVE. burial-transit Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BLACK BY 3 Widowed 4 Divorced use as the COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retred.) 15. DECEDENT'S EDUCATION secify only highest grade comple 165 KIND OF BUSINESS/INDUSTRY (Sp Elamentary/Secondary (0-12) page 5 should be detached for College (1-4 or 5+) DISABLED 11th once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) CHESTER BARRETT MARION BASSIL 16 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GREENMOUNT AVE./BALTIMORE, MD.21218 AMELIA 2861 SCOTT pe 20a, METHOD OF DISPOSITION
1 A Buriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, Stata must WESTERN funeral director, STAR CEMETERY CATONSVILLE, MD. 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE death. WM.C. MARCH F.H. 1101 E.

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, WM.C. MARCH F.H. 1101 E. NORTH AVE. removal. medical Approximate filled in by shock, or heart fallure. List only one cause on each line. interval Between 6 Onset and Death IMMEDIATE CAUSE (Final the cremation, disease or condition 10 min Hemorele completely event. resulting in death) executed prior to burial, traumatic CERTIFICATION and Sequentially list conditions, if any, leeding to immedista cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF attending physician 2 CAUSE (Disease or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST Mental the PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY of Health and M. AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 ☐ YES 2 ☐ NO 1 YES 2 NO peen PHYSICIAN: certificate has be h the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER: OH ATTENDING PHYSICIAN: 1 YES 2 NO ng Home 5 🗆 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 26s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY this c. marked, 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY After death Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 50 hours after o COMPLETED 4 Homicide 28 Hem 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. = TO THE TO THE BE FOUNDED IN PORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 396 SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 28-91 2 S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 611 199

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



filled in by the funeral director, page 5 should be detached for use as the burial-transit ion, or removal.

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been signed by the attending physician and completely fille at, of Health and Mental Hygiene prior to burlal, cremation, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within has be Dept. certificate h.

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or item 2. TO THE FUNERAL DIRECTOR: Aft be filed within 72 hours after des IMPORTANT. If Nem 28 is m HOSPITAL

1161 91 05451 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE
REGISTRAR ANDREA SVEA BARLOW CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 02 DAY 199 Y ANDREA O3 3:10 BARLOW S. 4. SOCIAL SECURITY NUMBER 6. BIRTHPLACE (State or Foreign 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 27,1974 WASHINGTON, D.C DAYS HOURS SEPT. 219-04-3808 1 M 2 V F 16 YRS. 9a. FACILITY NAME (If not institution, give atreet and number) 9c. COUNTY OF DEATH 9b. CITY TOWN OR LOCATION OF OFATH MARYLAND INSTITUTE OF EMERGENCY MEDICAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD ELLICOTT CITY 1 TYES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21043 3831 FONT HILL DRIVE U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1X Never Married 2 Married 1 TYES 2 NO Specify: 3 Widowed 4 Divorced WHITE 16e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INOUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 10 STUDENT SCHOOL. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) R. BRUCE BARLOW JOAN DAILEY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BRUCE BARLOW (FATHER) 3831 FONT HILL DRIVE, ELLICOTT CITY, MD. 21043 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE ST. JOHN'S CEMETERY 3/5/91 ELLICOTT CITY, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES lusseuce 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete ahock, or heert failure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ DUE TO (OR AS A CONSEQUENCE OF): u reaulting in deeth) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 24a, WAS AN AUTOPSY PERFORMED? YES 2 NO YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: XX YES 2 NO 4 🗆 No ng Home 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED

28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Netural 5 Pending 03 8:00A M 1 YES MOTOR VEHICLE ACCIDENT 01 1991 NO XXX Accident
3 Suicide 261. LOCATION (Street and Number or Rural Route Number, __ City or Town, State) PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined CENTENNIAL FWATERPORD 4 🔲 Homicide STREET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGN TURE AND ATTE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

03 02 1991

29c. LICENSE NUMBER

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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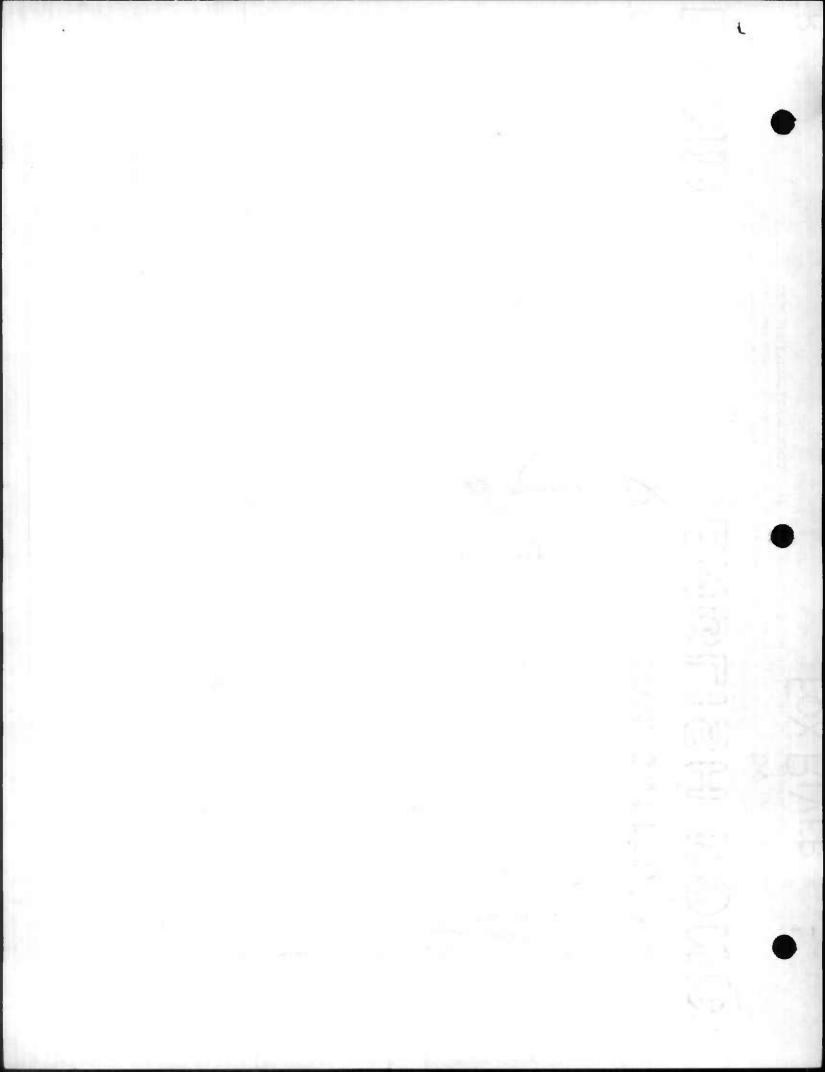
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M IXON 111 PENN STREET BALTOMORE, MARYLAND 21201 31. DATE FILED (Month, Day, Year)

The Davidson & Hondall

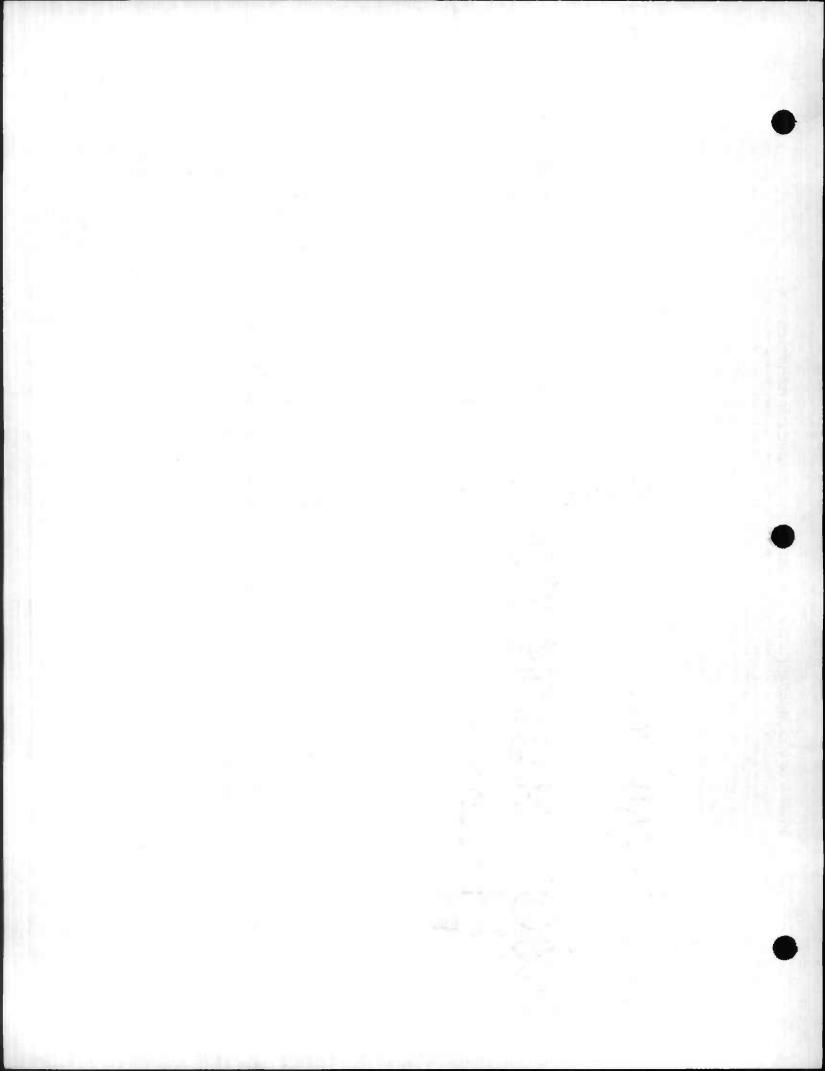


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STA	ATE OF MARYLAND / DEPARTMENT OF HEALTH A	AND MENTAL HYGIENE 9 1	5452
CK	BRINKMANN	2. DATE OF DEATH U3/01/91 MONTH DAY	3. TIME OF DEATH

	1 - STATE OF MARYL REGISTRAR	AND / DEPARTM	ENT OF HEALTH AND	MENTAL HYGIE!		05452		
	1. DECEDENT'S NAME (First, Middle, Last) CARSTEN SIERCK BRINKMAN	IN		2. DATE OF DEATH	U3/01/9	3. TIME OF DEATH		
		// YRS. last birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	74				
PO Po	9a. FACILITY NAME (If not institution, give street and number) 1301 EDMONDSON AVENUE	CITY, TOWH OR LOCATION OF ATONSVILLE	DEATH	9c. COUNTY C	FIMORE			
DIRECTOR	106. STATE 106. COUNTY MARYLAND BALTIMORE		WN OR LOCATION		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ∑NO			
FUNERAL	1301 EDMONDSON AVENUE	•	101. ZIP CODE 21228		U.S.A	OF WHAT COUNTRY?		
COMPLETED BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 XXYES IF YES, GIVE WAR OR D.	2 NO	13. WAS DECENDENT OF HISP If yes, specity Cuban, Mexi 1 YES 2 NO Spec	can, Puarto Ricen, atc.)		NACE — American Indian, Black, White, etc. Specify: HITE		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	ly highest grade completed) (Give kind of work done dur 0-12) College (1-4 or 5+)			ON	w		
S S	12th 17. FATHER'S NAME (First, Middle, Lest)	FLIGHT INSTRUCTOR 16. MOTHER'S						
Ö	WALTER S. BRINKMANN	WACKER	ouriency					
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	EDNA RESS (Street and Number or Rure		wn, State, Zip Code	»)		
F	MARGARET BRINKMANN (WIFE)	1301 ED	MONDSON AVENU	E CATONSV	ILLE, MD	21228		
	20e. METHOD OF DISPOSITION (TXBurlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) LOUDON PARK CEMETERY 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) LOUDON PARK CEMETERY 3/5/91 BALTIMORE, MI							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME 1630 EDMONDSON AVE CATONSVILLE, MD 21228							
CERTIFICATION	23. PART I. Enter the diseases, or complications that cause shock, or heart fellure. List only one cause on e IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST		Approximate Interval Between Onset and Deeth					
PHYSICIAN: MEDICAL CEF	PART II. Other algnificant conditions contributing to deeth be	e underlying ceuse given i		IN AUTOPSY DRMED? 2 PNO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	Check only one)				
SIC	EXAMINÉR? 1 VES 2 NO 1 Inpetient 2 ER/Out		HER: Nursing Home 5 @ Residence					
¥	27. MANNER OF DEATH 28s. DATE OF INJURY	26b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D		
BY	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO					
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, atc. (Spe	f — At home, farm, street clfy)	, factory, office	26f. LOCATION (Stree City or Town, Stel		ural Route Number,		
COMPLETED	29s. CERTIFIER (Check only open 2 MEDICAL EXAMINER: On the best of my know 2 MEDICAL EXAMINER: On the best of examination 2					use(a) and manner as stated.		
BE	29b. SHOHATUHE AND TITLE OF CERTIFIER	I m	29c LICENSE N	UMBER	29d. DATE 810	ENED (Month, Day, Year)		
٥	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE			71	2	1 1 4 1		
	31. DATE FILED (MONTH), Day year) Julia Barrian MAR 04 199	ATOME 93 P	KedeRick (+	VE CAT	NSUIL	md.		



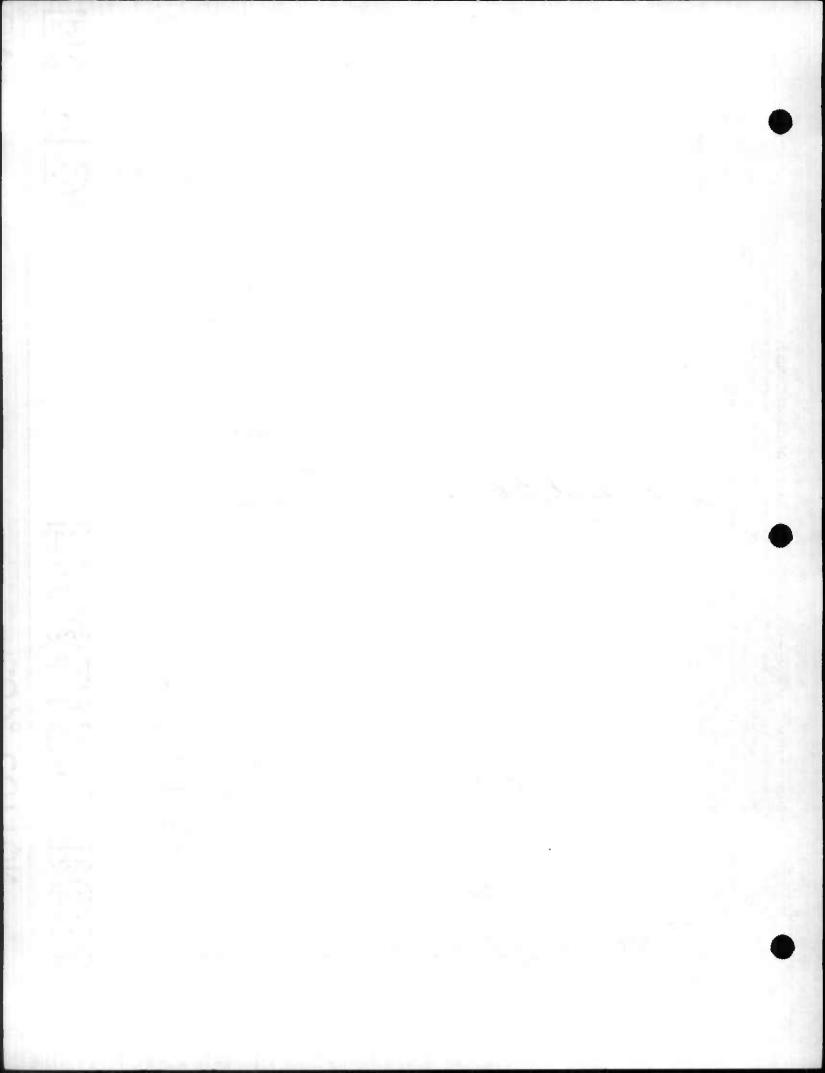


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	ained by th	p ad pinous	iffed at o
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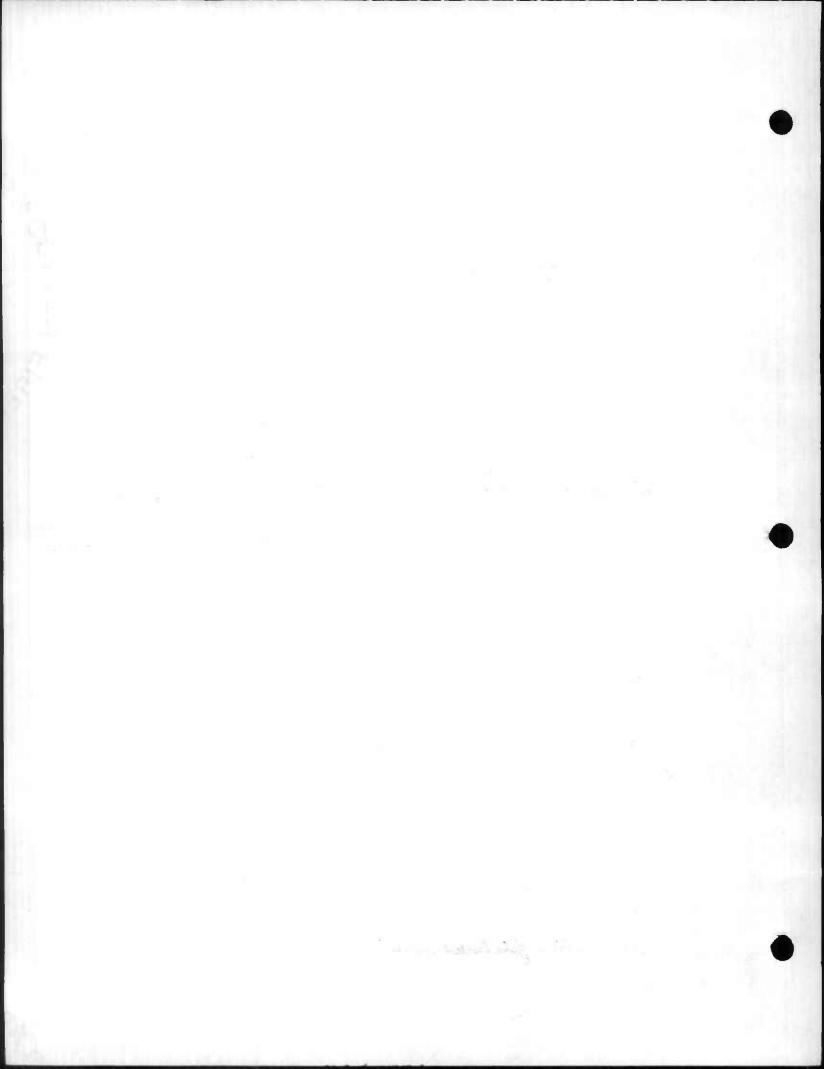
FOR STATE REGISTRAR	STATE OF M	CE	RTIFIC	CATE O	F DEATH		REG. NO.			
, DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	NY	YEAR	3. TIME OF OEATH
ROLAND			BROS	EKER		0		7 19	991	9:15
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De. FACILITY NAME (If not institution, give					N OR LOCATION OF	EATH		9c. COU	NTY OF O	
3608 SEVENTH STREET				BALT	IMORE			BAI	TIMO	ORE City
10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY
Maryland ===	=====		Bal	timore						1 X YES 2 NO
00. STREET AND NUMBER					101. ZIP CODE			10g. CtTI	ZEN OF V	WHAT COUNTRY?
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6th Grade	College (1-4 or 5+)		age H				Theate	er		
7. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First.	Middle, Meiden	Surname)		
P	lbert Br	roseker					izabet		łack	
9a. INFORMANT'S NAME (Type/Print)			, MAILING /	ADDRESS (Stre	et and Number or Rura					
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DHMH-16 Rev 1/89



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1	FOR STATE REGISTRAR	ATE OF MARYLAND /			HEALTH AND N	MENTAL HYGIEN REG. NO.	E 91	05454
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	ALOTS	J. BOWERS				03 02		12 13 PH
- 5	4. SOCIAL SECURITY NUMBER 5. SE	X 6. AGE (in yrs. les	st birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
7.	214-20-4350	M 2X F 65	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 02 18 2		Country) MARYLAND
	9a. FACILITY NAME (If not institution, give street and	i number)		9b, CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
œ				BATT	IMORE			
DIRECTOR	MELCOR NURSING HON	HE .		DILLI	THORE			
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
5	MARYLAND	RYLAND						LIMITS?
A	10e. STREET AND NUMBER				IOF. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	6201 LOCH RAV	EN BLVD.			21239			USA
3	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.S. A				IC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, Whita, etc.
	I Never Married 2 married	ORCES? 1 YES 2 X	NO		specify Cuban, Mexica ES 2 🔀 NO Specify			Specify:
BY	3 Widowed 4 Divorced							WHITE
	15. DECEDENT'S EDUCATION (Specify only highest grade complete	(bet)	Give kind of v	USUAL OCCUPA work done during		16b. KIND OF BU	SINESS/INDUS	TRY
91	The control of the co	ege (1-4 or 5+)	b. Do NOT us					
M P	10TH	1	HOUSE	MTLE				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	,	
BE	HAROLD HETRICK							
2	19a. INFORMANT'S NAME (Type/Print)	16				Route Number, City or Tow		
	NANCY BURY					BALTO.		
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ⑦ Cremation 3 □ Removal fro	om Stata other p	olace)		cemetery, cremetory or			y or Town, State
	4 Donation 5 Other (Specify)		EN MO	UNT CEN	IETERY AND ADDRESS OF FA		LTIMORI	E, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A. ALAN SEITZ 3818 ROLAND						NERAL 1	HOME
	M. Man,	Glan						MD. 21211
	23. PART I. Enter the diseases, or compli shock, or heart failure. List of	ications that caused the d						
	IMMEDIATE CAUSE (Final disease or condition							5 him
l	disease or condition resulting in death) a. pulsuned cardeac any three DUE TO (OR AS A CONSEQUENCE OF):							7,22
-		ASW	0		V			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EQUENCE O	F):				
S.	CAUSE (Disease or injury							
E	that initiated events	DUE TO (OR AS A CONSI	EQUENCE O	PF):				
E	resulting in death) LAST							
	PART II. Other significant conditions con	tributing to death but not	resulting	in the underly	ring cause given in	Part I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS
CAL	Schröphena					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDI	3	win he	, and the	Que (De	001-10	1 1 YES	ZXI NO	DF DEATH?
Σ								1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	peck only one)		
PHYSICIAN:	EXAMINER? / HOS	SPITAL:	• 🗆 🗆	QTHER:				
ι×		Inpatient 2 ER/Outpatient 28a. DATE OF INJURY	20b. Til		INJURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED
	1 Natural 5 Pending	(Month, Day, Year)		JURY	WORK?			
ВУ	2 Accident Investigation	28e. PLACE OF INJURY — At I	home, form.			281, LOCATION (Street	and Number or	Rural Route Number,
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)		,	200	City or Town, State		555-00-00
COMPLETED	29a, CERTIFIER		~				45 J. J. J. J. J. J. J. J. J. J. J. J. J.	
P	(Check only	To the best of my knowledge, o						The same will be the same of t
ő	2 MEDICAL EXAMINER: On	time, data and place, t	ind dua to the	cause(a) and menner as stated.				
ш	20b. SIGNATURE AND TITLE OF CERTIFIER	N			29c. LICENSE NU		29d. DATE	SIGNED (Month, Day, Year)
TO B	my semon	7)			_ D 3	5740		3-4-91
F	30, NAME AND ADDRESS OF PERSON WHO COM	MPLETED CAUSE OF DEATH (IT			0 0 0		Co. A	
	Melba Beis			3 54.	Paul P	0. B	alter	and mo
		32. REGISTRAR'S SIGNATURE						/
	MAR 4 1991	Julia Beindan	Handel	2				DHMH-16 Rev 1/89

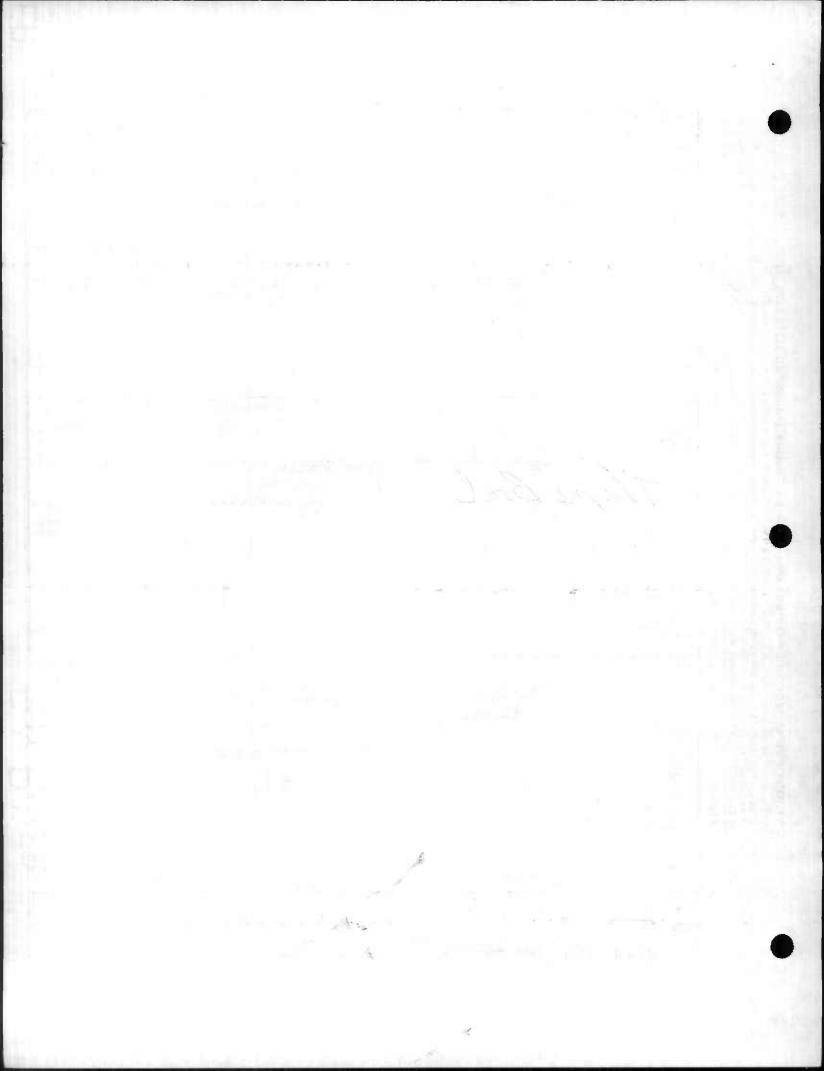


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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR		CERTIFI	CATE O	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH DAY	, VE	3.	TIME OF DEAT	н
	FLODA JEMIMA BUCK	LEW					RUARY		991	6:00	Рм
	4. SOCIAL SECURITY NUMBER 6.	SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH	6.1	BIRTHPLA	CE (State or Fo	velgn
	=30 30 x3/0	□ M 2 🟋 F 90	YRS.	MONTHS DAYS	HOURS MIN.		701	W		Virg	inia
~	9a. FACILITY NAME (If not institution, give street	•		9b. CITY, TOW	OR LOCATION OF DE	EATH		9c. COUNTY	OF DEAT	н	
0	SACRED HEART HOSPI	TAL		CUMBE	RLAND, MA	RYLAN	D]	AL	LEGA	NY	
EC	10a. STATE 10b. COUNTY		10c. CITY	r, TOWN OR LOC	ATION				100	1. INSIDE CITY	
DIRECTOR	Maryland Alle	gany	M	CC001	9				1 (LIMITS?	NO
FUNERAL	4 Queen St.		VI		21562		10g. CITIZEN OF WHAT C			COUNTRY?	
BY FUN	11. MARITAL STATUS 12 1 Never Married 2 Married	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 Q NO Specify	n, Puerto Ric		or No- 14.	RACE — Black, W Specify:	American India hita, etc.	ın,			
	3 Widowed 4 Divorced				AA					ite	
Ī	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON npleted)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPA vork done during e retired.)	TION most of working	16b. F	CIND OF BUS	INESS/INDUST	RY		
COMPLETED		College (1-4 or 8 +)	Domest			H	ouse				
M	n/a 17. FATHER'S NAME (First, Middle, Last)		Domese	.10	16. MOTHER'S NA						
8		0011005									
BE	19a, INFORMANT'S NAME (Type/Print)	eavner	19h MAILING	ADDRESS (Street	t and Number or Rural			gglem			
2	Andrew Landis			, W.V		2672	6				
	20e. METHOD OF DISPOSITION	201	D. PLACE AND DATE	OF OISPOSITION	N (Name	DATE	20c, LOC	ATION - City	or Town.	State	
	of cemetary, crematory or other place) 14 Donation 5 Other (Specify) Potomac Mem. Gardens 2/28 Keyser W.Va.										
Н	21. SIGNATURE OF FUNERAL SERVICE LICENS		7		AND ADDRESS OF FA	CILITY					
	Mayne Boal Boal-Warnick F. Home Westernport, Md. 21562										
	23. PART I. Enter the diseases, or com	plications that cause	d the death. Do n	not sater the r						Approxim	ats
	ahock, or heart fellure. Lief IMMEDIATE CAUSE (Finsi disease or condition resulting in deeth)	Conces	time He	ant Fr	ilux -1	intra	etab	e		Interval B Onset and	
	resulting in destity	DUE TO (OR AS	CONSEQUENCE OF	F):							
×	Sequentieily list conditions, b	Curono	CONSEQUENCE OF	ery '	Ji zens						
ATIO	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):							
3	CAUSE (Disesse or Injury C	DUE TO (OR AS A	CONSEQUENCE OF	F):							
E	that initiated events resulting in death) LAST	DOE TO (ON AS A	CONSEQUENCE OF	7).						İ	
CEL	d									-	
EDICAL CERTIFICATION	PART ii. Other eignificent conditions of	The state of the s	out not resulting	in the underly	ing ceuse given in	Part I.	24a. WAS AN PERFOR			RE AUTOPSY F	
2	premon						1 YES 2		CC	MPLETION OF	
	nerd:	talure	'Dreb	els m	ente				1	YES 2	NO
ž	porcol	· Sepsis	/								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			PLACE OF DEATH (C)	neck only one)				
Si		☐ Inpetient 2 ☐ ER/Out	petient 3 🗆 DOA	OTHER: 4 Nursing H	ome 5 🗆 Residence	6 🗆 Other	(Specify)				
PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY	NJURY AT WORK?	28d. DESC	RIBE HOW II	JURY OCCUP	ED		-
BY	Natural 5 Pending Investigation				YES 2 NO						
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spe	f — At home, farm, offy)	street, factory, o	fice		TION (Street a r Town, State)	ind Number or	Rural Rout	e Number,	
E	29a. CERTIFIER 1 CERTIFYING DHYSICIA	N: To the heat of t-	dedge death	ad at the star :	ete and place and t	to the second	no(a) and				
MP	(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my know							nune(n) a	nd menner aa i	stated.
					112111111111111111111111111111111111111		- place, all				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	70			29c. LICENSE NU				IGNED (M />c/	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C		ATH OTEN 27 CT-	Print)	0712	44			1761	7/	
11					Intina :=	01=0					
	DR. JESUS TAN, M.] 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	VATURE	FROS'	BURG. MD	2153	2				
		10	MA LAR"								



BALTIMORE, MARYLAND 21215-0020	y be retained by the hospital or attending physician	age 5 should be detached national statement and an arrangement	be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the leave requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the leave that the death certificate the control of the c	TO THE FÜNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determed managed and managed to the find within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Ia	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dec	IMPORTANT: It item 28 is marked, or item 2:

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIE		33700	
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH	FRANCIS	CA	REY		2. DATE OF DEATH	9 / 19 g	3. TIME OF DEATH 2:20 A M	
	4. SOCIAL SECURITY NUMBER 215-10-3192 90. FACILITY NAME (If not institution, give	1½ M 2 □ F 72	AGE (In yrs. lest birthdey) PEUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BRITH (Month, Day, Year) PRS. MONTHS DAYS HOURS MIN. APRIL 14. 9b. CITY, TOWN OR LOCATION OF CEATH					BIRTHPLACE (State or Foreign Country) BALTIMORE	
5		THE JOHNS HOPKINS HOSPITAL				Y		TIMORE	
DINECTOR	10e. STATE 10b. COUN	TIMORE		OWN OR LOCATIONSVILL				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
UNEHAL	10e. STREET AND NUMBER		OAT	101.	ZIP CODE			OF WHAT COUNTRY?	
DY TONE	19 / NEWBURY AVE 11. MARITAL STATUS 1	er Married 2 X Married FORCES? 1 YES 2 NO				IIC ORIGIN? (Specify n, Puerto Rican, etc.)	U.S. Yee or No- 14	A . RACE — American Indian, Black, White, stc. Specify: WHITE	
COMPLETED	15. DECEDENT'S ED (Specilly only highest grad Elementary/Secondary (0-12) 12TH GRADE	UCATION te completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mos tired.)	t of working		RNMENT	TRY	
	17. FATHER'S NAME (First, Middle, Last) MARTIN CAREY					ME (First, Middle, Maid			
10 05	190. INFORMANT'S NAME (Type/Print) MARY JO WARTHE	N			d Number or Rural I	Poute Number, City or CATONSVIL	lown, State, Zip Co		
	29. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rei 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the diseases, or	ICENSEE NE		RAL CEM 22. NAME AN HUBBAR	ETERY ADDRESS OF FA D FUNERA ILKENS	3/4 B CHUTY AL HOME I	LTIMORE	E. MD. 21229	
NOIN	ahock, or heart fallure. List only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):								
CENTIFICATION	CAUSE. (Disease or Injury that initiated events resulting in death) LAST C. OUE TO (OR AS A CONSEQUENCE OF):								
THISICIAN. MEDICAL	PART II. Other algorificant condition	PART II. Other aignificant conditions contributing to death but not resulting				in the underlying cause given in Pert i. 24a. WAS AN. PERFORI 1 YES 2			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	To	26. PL THER:	ACE OF OEATH (Ch	eck only one)			
2	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp		☐ Nursing Home		6 Other (Specify) 28d, DESCRIBE HO	M INTITIES OCCUR	REO	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WO	RK? ES 2 NO				
	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, atree	et, factory, office		26f. LOCATION (Str. City or Town, St		Rural Route Number,	
COMPLEIED	and a	SICIAN: To the bast of my know NER: On the basis of examination							
0 0 0	29b. SIGNATURE AND TITLE OF CERTIF	M M	D		29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)	
-	J. TOWNES	Johns Hon	Kind flo	Spiral	600	N. Wolf	c St. 1.	Salto MD 21705	
	MAR 0 4 1	32. REGISTRAR'S CIGN	Jon-Randall	20		-			

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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	AEGIOTIAN		<u> </u>		IOATE	- 01	DEA		AEG. NC			
	DONALD CDALLEODD MONTH DAY YEAR									3. TIME OF DEATH 8:45 a.m M		
	4. SOCIAL SECURITY NUMBER 213 34 7565	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDES	MIN.	JUNE 24	937		PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give :	street end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH		
DIRECTOR	THE JOHNS HOPKINS	S HOSPITA	I.		BALTIMORE CITY BALTIMORE CITY					RE CITY		
ы П	10a. STATE 10b. COUNT				Y, TOWN (10d. INSIDE CITY
		Baltimore		E	astr	win	t					1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 461 Mirable Land	•				10	2]	E L224		10g. Cl	USA	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed Divorced		TEVER IN U.S. ARI YES 2 AN	MED O		If yes, sp	S DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— se, specify Cuben, Mexican, Puerto Ricen, stc.) 14. RACE — American Indian Bleck, White stc. Specify: Specify:					American Indian, k, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade		16a. DEG	CEDENT'S	USUAL O	CCUPATIO	ON of world	in a	16b. KIND OF BU	SINESS/IN	IDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT u	retired.)		at or work	rig.	Frank		l Led	lma
N N	17. FATHER'S NAME (First, Middle, Last)						46 1407	WED'S NA	ME (First, Middle, Melder			Re
	John Crawford						la. moi		da Deares	Surrienney	*	
TO BE	19e. INFORMANT'S NAME (Type/Print)		196						Route Number, City or To			
	Frances Brooks,	Friend		461	Mir	abl	Lai	ne l	Baltimore,	Md.	2122	24
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)											
	22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore.								M 21221			
	23. PART I. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Acute MYDCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Sequentially list conditions, Due to (or as Aconsequence of): Due to (or as Aconsequence of): Due to (or as A consequence of):											
MEDICAL C	PART II. Other significant condition	na contributing to	death but not n	esulting	in the u	ndertyln	g ceuse	given in		N AUTOPS	Y 24t	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									—			1 Tes 2 No
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF I	DEATH (C	heck only one)			
Š	1 TYES 2 NO	1 Sinpatiant 2	☐ ER/Outpatient 3	□ DOA	OTHE 4 □ Nu		10 5 □ R	esidence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE O (Month,	F INJURY Day, Year)	28b. Till IN.	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE HOW	INJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY At ho i, atc. (Specify)	me, farm,	street, fac	tory, offic			28f. LOCATION (Street City or Town, State		per or Rural	Route Number,
COMPLETED	and and								e to the cause(e) end m			e) end menner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERCIFIE	M.D.					29d. DATE SIONED (Mogth, Day, Year)					
-	30, NAME AND ADDRESS OF PERSON W	600 A			s, Print)	7	OHA	ts H	CALINS	Hos	PITO	1 1 1
	3/2 MAR 04 199	32. REGISTR	Devidson-	andel	e							

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FOR STATE REGISTRAR

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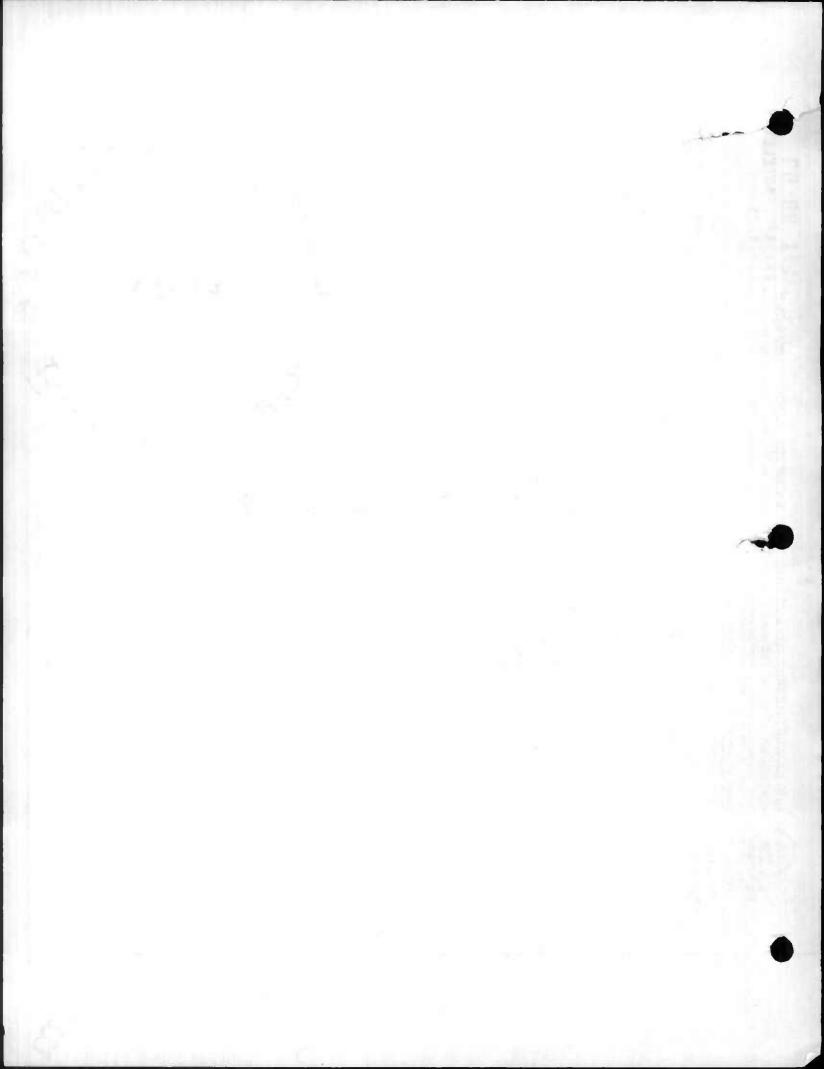
	1. DECEDENT'S NAME (First, Middle, L MOZELLE CHA)		LE MACK	LIN CH	APMAN	2. DATE OF DEATH DAMANCH 02		3. TIME OF DEATH 11:35 a.m M
	4. SOCIAL SECURITY NUMBER 218-22-4951	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01 - 28 -	8. B	WRTHPLACE (State or Foreign Ountry)
TOR	90. FACILITY NAME (If not institution, § THE JOHNS HOPKI) RESIDENCE OF DECEDEN	NS HOSPITAL			OR LOCATION OF DE	ATH	BALTIN	MORE CITY
DIRECTOR	10c. CITY, TOWN OR LOCATION MD 10c. CITY, TOWN OR LOCATION BALTIMORE, CITY							10d. INSIDE CITY LIMITS? 1 XXES 2 NO
FUNERAL	920 N. CHES			1	01. ZIP CODE 21213		US	
ΒX	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexice S 2 NO Specify			RACE — American Indian, Black, White, etc. Specify: BLACK
PLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of w life. Do NOT us DOMES	ork done during n e retired.)		16b. KIND OF BU	SINESS/INDUST	ay
BE COM	17. FATHER'S NAME (First, Middle, Las JERRY BAGBY				MARY		MS	
101		NDERSON	5700	REDEK	E AVE./	BALTIMOR	E, MD.	21206
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from Stata	other place) KING M	EMORIA	L PARK	RAN	DALLST	OWN, MD
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	with	and the second	. MARCH		01 E.N	NORTH AVE.
	23. PART I. Enter the diseases shock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only ons cause on Intrave	each lins.	Lenori		ncal herry		Approximets Interval Between Onset and Death
ERTIFICATION	Sequentisity list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	er ter VH-	nsion	Ventrieu		15 yrs.
: MEDICAL CE	PART II. Other significant cond Cirrhwsis		but not resulting	n the underly	ng csuse given in	Part I. 24s. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	stpatient 3 DOA	OTHER:	PLACE OF DEATH (C)			
	27. MANNER OF DEATH 1 Neture 5 Pending	28s. DATE OF INJUR (Month, Day, Year	Y 28b. TIM	E OF 28c, I	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
ETED BY	2 Accident Investigat 3 Suicide 6 Could in 4 Homicide determin	28s. PLACE OF INJU building, etc. (S	RY At home, ferm, becily)	street, factory, of	fice	26f. LOCATION (Street City or Town, State		Rural Route Number,
MPL	CONSTRUCTION CONTRACTOR	PHYSICIAN: To the best of my known aminer. On the basic of examinar						ouse(e) and manner as stated.
O BE CO	296. SIGNATURE AND TITLE OF CER	mb			29c. LICENSE NU	MBER	≥ 3/	GNED (Month, Day, Year)
F	20. NAME AND ADDRESS OF PERSON L. MUNUDY	Jodn's 6	DAINS 6	OSPITAL	-, Bult	more Md		21205
	31. DATE FILED (Morth, Day, War) MAR 0 4	1991 Julia Da	widoon-Rand	مالاه				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be a sustain 29 hours after death, with the State Day of Health and Martral Haringe nefer the bridge nemation or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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1.5	REGISTRAR 1. DECEDENT'S NAME (First	, Middle, Last)	Rose	C	LITTI	ICATE OF	DEATH	REG. NO	16	3.	TIME OF DEATN	
	Delore		CRAWFORD					March 1.	199	YEAR	8:00 P M	
	4. SOCIAL SECURITY NUME 213-34-342		5. SEX 1 M 2 A F	6. AGE (In yrs. la 54	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Jan. 15,1		8. BIRTNPL	CE (State or Foreign	
5	99. FACILITY NAME (II not in Franklin S	quare	- State of the state of the			Essex	DR LOCATION OF D	EATN		nty of DEAT	0 -	
DINEC	RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY				10c. CU	y, TOWN OR LOCA Baltimore	LION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
EHAL	34 C Oak G		Or.	·-			21221		10g. CIT	ZEN OF WHA	T COUNTRY?	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced				RMED NO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify:						
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Figure netary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) Homemaker White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker Own home											
BE CON	17. FATNER'S NAME (First, A Edward Joh		zczewski					AME (First, Middle, Meide Ve Kuciara				
2	19a. INFORMANT'S NAME (Type/Print) Jaye Crawford 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 808 F Briarhill Place 21221											
	20m METHOD OF DISPOSIT 1		noval from State			e of disposition of other place) Cemeter			ocation -	City or Town,	State	
	21. SIGNATURE OF FUNERA	1 345 K5 L				22 NAMEA	TON FUN	ERAL HOME Avenue, B			MD 21231	
	23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	naart fallure.	a. Card	use on each lin	le.		oda of dying, aud	ch as cardiac or rea	piratory a	rreat,	Approximata Interval Between Onset and Dasti	
CERTIFICATION	Sequentially list condition of any, leading to immercause. Enter UNDERLY CAUSE (Disease or injection)	diete	L Hemot	thorax for as a consi sterial	EGUENCE C	DF):						
HILL	that initiated events resulting in death) LAS		DUE TO	OR AS A CONS	EQUENCE (OF):						
MEDICAL	PART II. Other algnific	ant conditio	ne contributing to	death but not	resulting	in the underlying	g cause given ir	Pert I. 24e. WAS A PERFC 1 X YES	N AUTOPSY PRMED?	CC OC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE F DEATN? YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpetlant	3 🗆 DOA	OTHER:	LACE OF DEATH (C	heck only one) 6 Other (Specify)				
⊢	2 Accident	Pending Investigation	28a. PLACE	Day, Year) DF INJURY — At I		LJURY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE NOW			te Number,	
2		Could not be detarmined	building	, atc. (Specify)				City or Town, Sta	10)			
	4 Nomicide	- /1	and These and the	-		THE REAL PROPERTY.		e to the cause(a) and m				

M.D. 9000 Franklin Square Drive

Author Javidson-Rander

21237

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Fred Gebhardt, 31. DATE FILED (Month, Day, Year) MAR 0 4 1991

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2— Just after death. Page 6 may be retained by the hospital or attending physician.

The semificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

The seminarity of item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT II'N

TO THE HOSP TO THE FUNES De filed within FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	- 0 1					2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH
	Donald	I. Col					03 1	9	1 1 30 A H
	4. SOCIAL SECURITY NUMBER	4	In yrs. last birthde	MONTHS	YEAR IF UN	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	213-28-1178	1 1 M 2 F	58 YRS				3/10/3	2	Maryhand
~	9a. FACILITY NAME (If not institution, give str		,	9b. CITY, 1	OWN OR LOC	ATION OF DE	ATH	9c. COUNTY	OF DEATH
ē l	Deaton Hospita	al + Med · C.	ntr	10	gete	2			
EC	10a. STATE 10b. COUNTY		10c.	CITY, TOWN OR	LOCATION				10d. INSIDE CITY
DIRECTOR	MS			Back	40.				1 YES 2 NO
AL	100. STREET AND NUMBER	2:			101. ZIP C			10g. CITIZEN	OF WHAT COUNTRY?
EB	4104 GaHI	son Ble	rd.		00	121	5	6	15H
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED				IIC ORIGIN? (Specify Yearn, Puarto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES		YES 2				Specify: 1
	15. DECEDENT'S EDUC		13-6"	T'S USUAL OCC	HIPATION		16b, KIND OF BUS	SINESS/INOLIST	BLACK
ETE	(Specify only highest grade of Elamentary/Specification (0-12)	completed) College (1-4 or 5+)	(Give kind	of work done du Fuse retired.)	ring most of we	orking	160. KIND OF BOX	JINESS/INDOS	n)
COMPLETED	Elamentary/sepondary (0-12)	College (1-4 or 5+)		71541	ble				
OM	17. FATHER'S NAME (First, Middle, Last)					OTHER'S NA	ME (First, Migdle, Maiden	Surname)	
BEC	Calvin Cole	man Se.	,		1	tildi	4 Kile	4	
10 8	19a. INFORMANT'S NAME (Type/Print)	,	19b. MAIL	ING ADDRESS	Street and Nun	nber or Rural I	Route Number, City or Tow	n, State, Zip Coo	(e)
۴	-trancine C	bleman	30	028	Luc	1//6	we	21	213
	20a. MEPHOD OF DISPOSITION 1 Durial 2 Cremation 3 Ramo	20th	other place)	POSITION (Nam	e of cemetery,	crematory or	(Jan. 20c. LO	CATION — City	or Town, Stata
	4 Donation 5 Other (Specify)	nutte) . ~		10 00	AME AND ADD	DESS OF EA	CHUTY CE	own	ville, MO.
	1. 10.1	W. 00		-	- to le	11	F	1639	NI
-	proferry	Thelen		٥	egg	WILL	er H	BRI	raduray
	23. PART I. Enter the diseases, of conshock, or heart failure. L	omplications that cruse on e	d the death. D ach line.	o not enter t	he mode of	dying, suc	h ss cerdisc or resp	iratory srrest	, Approximete interval Between
	IMMEDIATE CAUSE (Finel	Kie	1	1	. 1		ohine A	4 ,	Onset and Death
	disesse or condition resulting in death)			4	ain p	cer	onal h	vyes	Z
		DUE TO (OR NO	CONSEQUENC	1	1.4	Kes to	- eny		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENC		-	-			
8	ceuse. Enter UNDERLYING CAUSE (Disease or injury	510	trau	west.	7)	U			
Ē	that initiated events	DUE TO (OR AS	CONSEQUENC	E OF):	1:	1)11	Sudant	1 ^	1
H	resulting in death) LAST	CV	- H	Ins	saul-	Dy	- C-C - //	10-1	/,
	PART II. Other significant conditions	contributing to death b	out not resulti	ng in the und	erfyling ceur	e given in	Part I. 24s. WAS AN		245. WERE AUTOPSY FINDINGS
MEDICAL	Sea	el Wen.					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	24	Ak an	white	1	-		_	2,110	OF DEATH?
_	1901	Parel lig	ia ?	Pame	mille				255 - 100-
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	/ /			26. PLACE C		scir only one!		
SIC	1 □ YES 2 DAG	HOSPITAL: 1 ☐ Inputient 2 ☐ EP/Out	patient 3 🗆 DO	A STREET	ng Home 5	Residence	8 🗆 Other (Specify)		
PHYSICIAN:	27, MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	286.	TIME OF INJURY	MIL INJURY A	r	28d. DESCRIBE HOW	INJURY OCCUR	ED
84	2 Accident Pending Investigation			м	1 🗌 YES	z 🗌 NO			
	3 Suicide 8 Could not be 4 Homicida determined	28e. PLACE OF INJURY building, etc. (Spe		m, street, facto	ry, offica		281. LOCATION (Street City or Town, State,		Rural Route Number,
COMPLETED	29a, CERTIFIER						l		
M M	(Check only CERTIFYING PHYSIC	CIAN: To the best of my know							CONTRACTOR CONTRACTOR
8	• (ori and/or investi	pation, in my op					ause(a) and manner as stated.
8	29b. SIGNATIVE CHIPTYPLE OF CERTIFIER	1.D. CALE	disc !	Physic	29c.	/)/)	MBER 870	29d, DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPILETED CAUSE OF DE	ATH (ITEM 27)	Type, Print)	<u> </u>	NIL	- ^	- 7/	(/ 1).
	ABOUL G.	O COMPLETED CAUSE OF DE	, M.D.	501-	DOLF	741 N	81. 13AL	I- HA	2121>
	31. DATE FILED (MONTH), Ober (bear) MAR ()	4 1991 gu	ha David	on-Rand	المال				

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	or
DIVISION OF VITAL RECORDS, P.O. BOX 6876	
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-	THE DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w

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286. SIGNATURE AND TITLE OF CERTI

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1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 27 (Type, Print)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF QEATH 2. DATE OF DEATH CALCAGNO 02 16 1991 7:50 MARY рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign DAYS 1 - M 2 F 14-6699 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE BALTIMORE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO TONSVILLE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. U5A WADE 2122 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yee, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merrie Specify: WHITE IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b, KINO OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EDWARD 437 21224 ALTO, must be 20a. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☐ Cremation 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State 3 🗆 F tary, crematory or other pla MO CREM 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WEBER EDWARD 401 S the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ahock, or heart failure. List only one cause on each line. Interval Batween **Onset and Death** IMMEDIATE CAUSE (Final cremation, Vendsel disease or condition resulting in death) certificate has been signed by the attending physician and completely to the State Dept. of Health and Mental Hygiene prior to burial, cremation event. other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO 23 shows any COMPLETION OF CAUSE 1 YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) or item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 ₩ YES 2 NO 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO marked, with 1 Natural 8 Pending 1 YES 2 NO BY death DIRECTOR: After hours after death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is i 3 Sulcide 8 Could not be COMPLETED 4 Homicide Item 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE THEFT IN THE PARTY IN TH 2 MEDICAL EXAMINER: On the basic of exam ation end/or investigation, in my opinion, death occured at the tima, date end place, end due to the ceuse(e) end manner ee stated.

29c. LICENSE NUMBER

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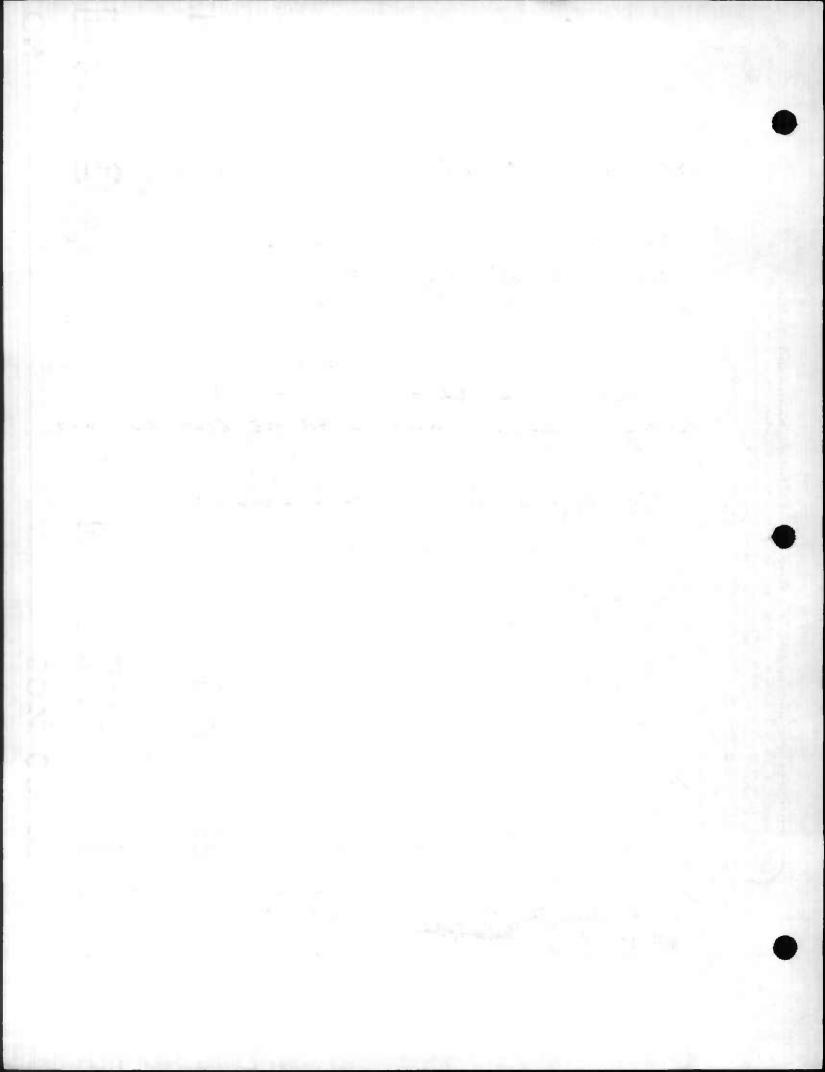
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29d. DATE SIGNED (Month, Day, Year)

02/17/1991

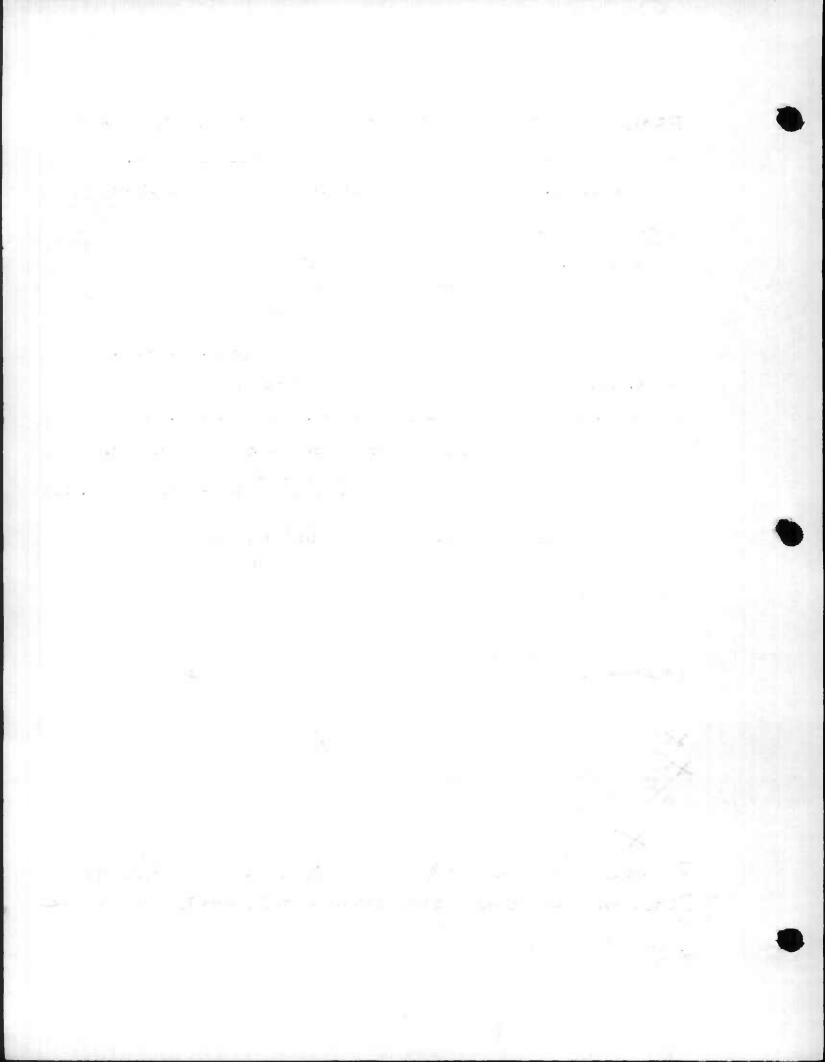
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03-3146	attending physician.	se as the british tran	
TYLAND 212	ed by the hospital or	uld be detached for u	ed at once.
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a second death. Page 6 may be retained by the hospital or attending physigan.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the biful within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
BALT	2- Surs after death.	filled in by the funeration, or removal.	he medical exami
X 13146,	be executed within	ician and completely lor to burial, cremat	raumatic event, 1
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	the death certificate	the attending physical Mental Hygiene pr	injury, or other t
AL RECORE	ne law requires that	has been signed by Dept. of Health an	n 23 shows any
ON OF VITA	DING PHYSICIAN: TI	After this certificate death with the State	marked, or iter
DIVISIO	OSPITAL DR ATTEN	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	NT: If Item 28 is
	TO THE H	TO THE FI	IMPORT

permit. Pages 1, 2, 3 should

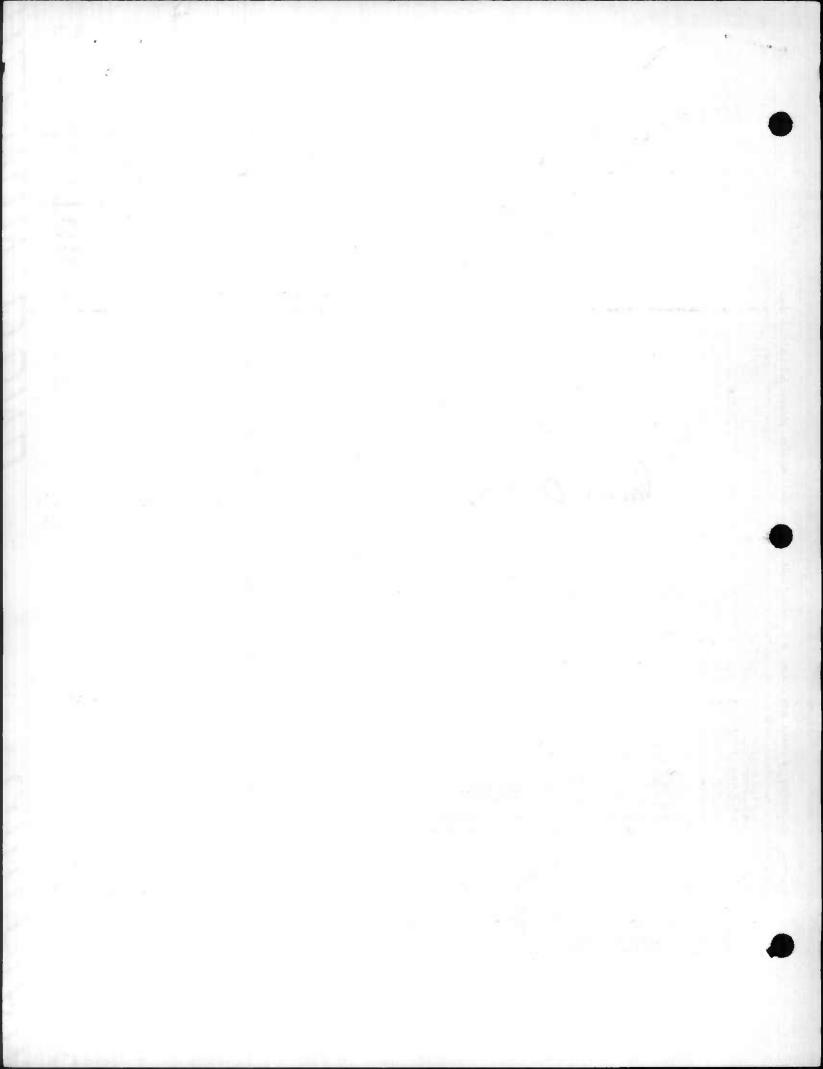
FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIEN	-1	1 05462
1. DECEDENT'S NAME (First, Middle, Last) FRANCIS	IMMES		NG		2. DATE OF DEATH MONTH Z	6 91	S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-30-5133	5. SEX 8. AGE (YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 11 3:		BIRTHPLACE (State or Foreign Country) Md.
9a. FACILITY NAME (If not institution, give 7361 Edsworth		9	Baltin		EATH	9c. COUNTY	of DEATH
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10b. COUNT 10b. COUNT		10e. CITY,	TOWN OR LOCATIO				10d. INSIDE CITY LIMITS?
Maryland Balt 100. STREET AND NUMBER	imore		101. 2	ZIP CODE		10g. CITIZEI	1 TYES 2 NO
7361 Edsworth Ro	1.		2	1222		USA	A
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FDRCES? 1 ☑ YES IF YES, GIVE WAR OR D	2 NO	If yes, spec	NDENT OF HISPAI lify Cuben, Mexice NO Specif	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	a or No- 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			rk done during most retired.)	of working	16b. KIND DF BU		
17. FATHER'S NAME (First, Middle, Last)		Fireman	-	18. MOTHER'S NA	ME (First, Middle, Maider	Fire	Dept.
Frank C. Coyne					nce Bukows		
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street end		Route Number, City or Tox		ode)
Bernadine C. Co					Baltimore,		
2ge, METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	b. PLACE OF DISPOSIT other place) 3/1/91 - S			Mary Ba		or Town, State
21. SIGNATURE OF FUNERAL SERVICE L			22. NAME AND Walt	er Dabr	owski		more, Md. 21
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	A CONSEQUENCE OF):		x cm-a	diesas	2	
cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
PART II. Other significant condition	ons contributing to death t	but not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (C)	heck only one)		
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out		OTHER:	6 KResidence	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c, INJU	RY AT	28d. DESCRIBE HOW	INJURY OCCU	RED
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a PLACE OF INJURY	Y At home, farm, atr			26f. LOCATION (Street City or Town, State		Rural Route Number,
Torrown ormy	SICIAN: To the best of my know NER: On the basie of axamination						
296. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	Genovan	M.D.		DO 7		29d. DATE S	IGHED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	(na Walable	2112	DUND	tek A	VE., BA	-10.	mb. 2122
31. DATE FILED (Month, Day, Year) MAR 4 19	32. REGISTRAR'S SIGN	NATURE Pandall	4				



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR		SIMIE UF MA				DEATH	MENTAL HYGIE! REG. NO			
1. DECEDENT'S NAME (First	+B.C.	INNINGHA					2 2	DAY	YEAR 91	3. TIME OF DEATH 2:42 PM
4. SOCIAL SECURITY NUM 213-28-68	306	1 🖔 M 2 🗆 F	AGE (In yrs. lest birth	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/3/193	1	Country	PLACE (State or Foreign Cyland
Mercy Med				9b, CIT	EATH					
RESIDENCE OF DE			To			lto.Cit	7 7			10d. INSIDE CITY
Md.	10b. COUNT		10e	Balto		ty,Md.		10d.		
10e. STREET AND NUMBER		832 Light	St.		101	21230		10g. CITIZEN OF WHAT COUNTR		
					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc. 1 ☐ YES ♣️☐ NO Specify:					
(Specify or Elementary/Secondary	15. DECEDENT'S EDUCATION 16a. DE				during mo	ON at of working	16b. KIND OF B	Bus		
17. FATHER'S NAME (First, 17)		Cuni	ningham			16. MOTHER'S NA	ME (First, Middle, Maide	n Surname) Koppi	1ema	n
19a. INFORMANT'S NAME Mrs. Fran	(Type/Print)		19b. MA			and Number or Rural	Route Number, City or To Ferndale	wn, State, Zir		
20a. METHOD OF DISPOSI	TION ion 3 🗆 Rem			ISPOSITION (A	lame of ce	netery, crematory or	20c. L	ocation -		wn, State
4 Donation 5 Other		CENSEE	Cedar	22	. NAME A	ND ADDRESS OF FA	СІШТУ	Balto	.Md	.21230 Fort Ave
Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING jury	b L ц у	R AS A CONSEQUENT	CE OF):	(9	suspect	4)			
PART II. Other algoritic		d	eath but not result	ting in the u	ınderiyin	g cause given in		N AUTOPSY ORMED? 2 NO	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	TO MEDICAL				26. P	LACE OF DEATH (C)	neck only one)			1 TYES 27 NO
EXAMINER?		HOSPITAL:	R/Outpatient 3 🗆 D	OA 4 - No		ne 5 🗆 Rasidence	6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 8 2 Accident	Pending Investigation	28e. DATE OF IN (Month, Day,		b. TIME OF INJURY M	W	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOV	INJURY OC	CURED	
a Districts	Could not be determined	28e. PLACE OF building, et	NJURY — At home, f c. (Specify)	arm, street, fa	ctory, offic	:0	281. LOCATION (Stree City or Town, Sta		or Rural I	Route Number,
II and OFFITTION			v knowledge, death o	occurred at the				anner se sta	nted.	
CONTROL ONLY		ER: On the basis of exam		tigation, in my	opinion,	death occured at the	time, data and place,	and due to t	the cause(s	a) and manner as stated.
(Check only 1 ME 29b. SIGNATURE AND TITH	LE OF CERTIFIE	ER: On the basis of examination	mination and/or invest		opinion,	Seeth occured at the		_		a) and manner as stated. (Month, Day, Year) 7/9/
(Check only 1 Cle one) 2 ME 29b. SIGNATURE AND TITL 30. NAME AND ADDRESS	OF PERSON W	ER: On the basis of example the completed cause	OF DEATH (ITEM 27)	(Type, Print)		29c. LICENSE NU		29d. DAT	Z / 2	a) and manner as stated. (Month, Day, Year) 7 / 9 /

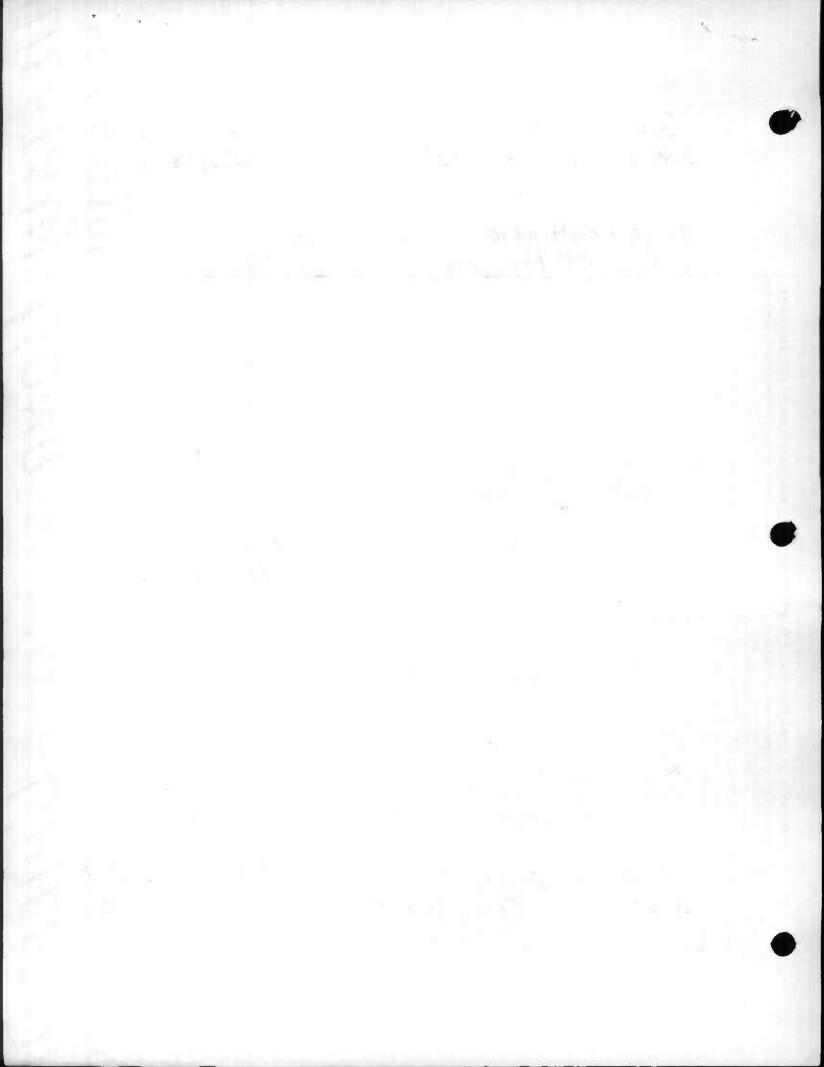


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DIVISION OF VITAL RECORDS, P.O. BOX 13146	and the second s
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	٦.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	
DIVISION OF VITAL RECORDS, F.O. BOA 13146, BALLIMONE, MANTLAND 21203-3146	TO THE HOSPITEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rich age for may be retained by the hospital or attending physician.	se as the burial-to	
ND ZIZ	e hospital or	etached for un	nce.
MARTE	retained by th	5 should be d	notified at o
MONE, I	age 6 may be	director, page	er must be
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	within 2 hours	pletely filled in remation, or re	ent, the med
10140	be executed v	sian and comport to burial, c	aumatic evi
. C. B.	ath certificate	ttending physical tal Hygiene pri	, or other tr
Cano,	es that the de	gned by the a salth and Ment	s any Injury
AL NEC	The law requir	ate Dept. of He	em 23 show
7 10 1	G PHYSICIAN:	er this certification with the St	narked, or It
DISIAI	OR ATTENDIN	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ABELL	HE HOSPITAL	HE FUNERAL I	ORTANT: If I
-	101	5 %	IMP

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL	HYGIEN	E		
	1. DECEMENT'S NAME (First, Middle, Last)	Cleo-Clo	uah			2. DATE (DEATH DA	\$7 9"	ar S. TIME	OF DEATH
į	4. SOCIAL SECURITY NUMBER 21803-7621	1 - M 2 XE	72 YRS.	IF UNDER 1 YEAR RONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	10	Day, Year)	100	BIRTHPLACE (SI Country) Maryl:	
OR	99. FACILITY NAME (If not institution, give Mercy Medical			alto.Ci		Md.	9c. COUNTY	DF DEATH		
ם ו	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	r,	10c, CITY,	TOWN DR LOCAT	IDN			10d. INSIDE CITY		
L DIRECTOR	Maryland Bal	Himore	E	Saltiv	NO NO	Bro	oklyn	Park	LIMI	TS? 2 ND
FUNERAL	101 M 841	1 HUCH	ue		210	225	_	U	SA	
ă B	11. MARITAL STATUS 1 Never Married 2 Married X Widowed 4 Divorced		ENDENT OF HISPAN scify Cuben, Mexica 2 ND Specifi	n, Puerto A		200	RACE — Americ Black, White, o Specify: Wh:			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) Collège (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo	N it of working	16b.	KIND OF BUS	INESS/INDUST	Md.	1
릴	3rd.Grade		Pac	ker		Po	olyse	al Co	rp.Ros	ssvi1€
စ္ပ်	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA					
BE	Georg	je	Jackso		Mary			Fo		
2	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural				ie)	
	Mr. John G. Clou		PLACE DF DISPOSE		Ave.B	alto				26.7
	1- Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State	Meadowr:	idae Me	em.Park				or Town, State Howar	Md. d Co.
	21. SIGNATURE OF FUNERAL SERVICE L		1		D ADDRESS OF FA				1.2123	
	23. PART I. Enter the diseases, or	B. Maul	17/		ally Fu		1 Hor	ne,130	E.Fo	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO OR AS A	CONSEQUENCE OF		rart	fai	lure	2		erval Between
PHYSICIAN: MEDICAL CE	PART II. Other eignificant condition	111 11 -	out not resulting in	tha underlyin	j ceuse given in	Part I.	24e. WAS AN PERFOR 1 YES 2	IMED?	AMAILABL COMPLET OF DEATI	TOPSY FINDINGS E PRIOR TO TON OF CAUSE 1? B 2 \(\text{IND} \)
<u> </u>	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only on	•)			
Sic	EXAMINER? 1 YES 2 ND	HOSPITAL:	patient 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	6 🗆 Other	r (Specify)			
£ I	27. MANNER DF DEATH	28a. DATE DF INJURY (Month, Day, Year)	25b. TIME	DF 28c, INJ				NJURY OCCUR	ED	
BY	1 Netural 5 Pending 2 Accident Investigation				rES 2 ND					- 25
	3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f At home, farm, st	reet, factory, offic		251. LOC	ATION (Street of Town, State)	end Number or i	Rurel Route Numi	ber;
COMPLETED	anal and	SICIAN: To the best of my know NER: On the basis of examination							ause(s) end mer	nner as stated.
8	296, SIGNATURE AND TITLE DE CERTIFIE	en Lane	mp		29c. LICENSE NU	MBER 39	1	29d. DATE SI	GNED (Month)	To Year)
٩	30. NAME AND ADDRESS OF PERSON W	THE COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Bal	time	e	md	21	230	
	31. DATE FILED (Month, Day, Year) MAR 0.4	32. REGISTRAR'S SIGN	ATURE							



BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or entering plant	in by the funeral director, page 5 should be detached for use at the route removal.
	No.	fled in
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or are the control of the property of the pro	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use an information, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

									2. DATE OF DEATH DAY YEAR 3.			
		ROBE		LAY,				2	0 6	77	91	450
7	4. SOCIAL SECURITY NUMBER 218-22-5353		SEX	6. AGE (In yrs	. lest birthday) YRS.	MONTHS DA		MIN. (Month, Day, Ybar) Country)				
. 1	9e. FACILITY NAME (If not institution, give stown and infinites) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY /										ryland	
CTOR	ST. JOSEPH'S		PITAL ·			. TOW	SON			BA	LTII	MORE
EC		CUINTA			10c. CIT	, TOWN OR LO	OCATION					10d. INSIDE CITY LIMITS?
DIRE		Baltir	more		В	altimo						1 TES 2 N
RAI	1328 Dalton	Road					21234	1		US.		WHAT COUNTRY?
BY FUNERAL	11. MARITAL BTATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced		2. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. WAS 2 NAME OR DATES -4/23/	□NO	If yes	DECENDENT OF HISPA B, specify Cuban, Mexic YES 2 X NO Speci	en, Puerto F			I4. RACI	E American Indian k, White, etc.
TED	15. DECEDEN (Specify only highe	T'S EDUCAT	TION		. DECEDENT'S	vork done during	PATION g most of working	18b.	KIND OF BU	SINESS/INDU	STRY	
PLET	Elementary/Secondary (0-12) 12th		College (1-4 or 5		<i>⊪. Do NOT us</i> C1erk	e retired.)			Circui	+ Co		
COMPL	17. FATHER'S NAME (First, Middle,	_			CICIN		18. MOTHER'S N				L L	
BE C	Harvey A. C1						Evely:					
70	190. INFORMANT'S NAME (Type/Pr Marie J. Cl	·			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		eet end Number or Run					
	20a. METHOD OF DISPOSITION			20b. PL/	ACE AND DATE	OF DISPOSIT	Road Ba.	DAT	20c. LO	CATION - C	ity or To	own, Blate
	1 X Buriel 2 Cremation 3 4 Donetton 5 Other (Spec	elfy)	III COMPANY	_ More	eland N	or other place. Iemoria	al Park Co	em 3/2	? Par	kvi11	e, 1	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home											
	JORINSON FUNERAL Home 8521 Loch Raven Blvd. Balto. MD 21204 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cerdice or respiratory arrest, Approximate											
	ahock, or heart	es, of cor fellure. Lis	mplications the	at caused the	e death. Do r	852	Loch Ray	ren Bi	vd.	Ralto Iratory arre	at,	Approxima Interval Be
ERTIFICATION	23. PART I. Enter the disease ahock, or heart is immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	a.,	DUE TO	or caused the use on each core of the core	NSEQUENCE OF	852: To fut	Loch Ray	ren Bi	vd.	Balto Iratory arre	nat,	Approximatintarval Ba Onset and
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by burial-transit permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR

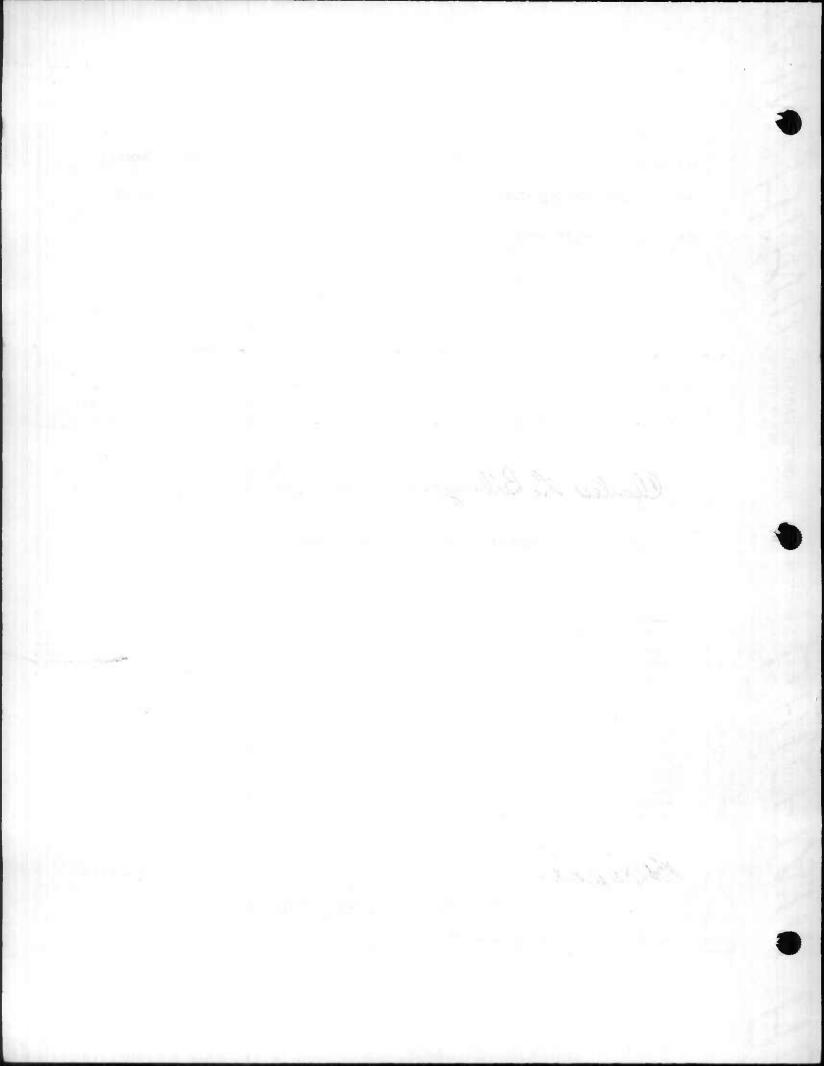
1. DECEDENT'S NAME (First, Middle, Last)

	1. DECEDENT'S NAME (First, Middle, Last) Walter C.	Calo	Sh C	0/0	0	2. DATE OF D	DAY	7 199	SAR 3. TIME OF DEATH			
		AGE (In yrs. lest	0.0.		IF UNDER 24 HRS.	7. DATE OF B			BIRTHPLACE (State or Foreign			
	144-24-2336 1 WM 2 OF	THE TAX STREET			HOURS MIN.	Sept.	(Year)		country) lizabeth, N.J.			
П	9a. FACILITY NAME (If not institution, give street and number)	J7	9b. CITY	TOWN C	OR LOCATION OF DE		17, 17	9c. COUNTY				
OR	PENINSULA GENERAL HOSPITAL		SALI					WICOM				
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c, CITY, TOWN C	R I OCAT	ION				10d. INSIDE CITY			
DIRECTOR	Delaware Sussex		Lew						LIMITS?			
	10s. STREET AND NUMBER		Lew		. ZIP CODE			10a. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	204 Spruce Drive, Sandy B	200			19958				USA			
N N	11. MARITAL STATUS 12. WAS DECEDENT E	VER IN U.S. ARE	MED 13.	WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (S	pecify Yes		RACE - American Indian.			
	1 Never Merried 2 Married FORCES? 1 NEVER SIVE WAR	YES 2 NO	0	f yes, sp	ecify Cuban, Mexican 2 NO Specify	n, Puerto Ricen	, etc.)		Black, White, etc. Specify:			
B	3 Widowed 4 Divorced		1						White			
日日	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DEC (GA	CEDENT'S USUAL Over kind of work done Do NOT use retired.)	CCUPATIO	ON ast of working	18b. KIN	D OF BUSI	INESS/INDUS	TRY			
9	Elementary/Secondary (0-12) College (1-4 or 5+)											
COMPLET	12 0	Comp	uter Progr	amme)	r/Superviso							
	17. FATHER'S NAME (First, Middle, Leet) Sherwood Cole				16. MOTHER'S NA	ME (First, Middle	s, Maiden S	Sumame)				
) BE	19a, INFORMANT'S NAME (Type/Print)	19b	MAILING ADDRESS	(Street a	and Number or Rural F	Route Number, C	ity or Town	, State, Zip Co	de)			
오	Nancy Fariss Cole	20	14 Spruce D	rive,	, Savidy Bra	e, Lewe	s, DE	19958				
	20s, METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal from State	20b. PLACE (OF DISPOSITION (Ne	me of cer	metery, crematory or				or Town, Stata			
	4 Donation & Other (Specify)	Heri	ilopen Memo				Mili	ton, De	laware			
	21. SIGNATURE OF FUMERIAL BERTVICE LICENSEE	.1			ND ADDRESS OF FA		F to	. P. 11	. 7			
	5. Des dell	1	P.	nsex 0. Bo	l, Atkins & ox 477, Leu	PS. DF	-เมายาเก 19958	ic nome	s, Inc.			
	23. PART I. Enter the diseases, or complications that c	auead tha da	ath. Do not enter						Approximets			
	ahock, or heart fallure. List only one cause on each line.											
	immediate Cause (Final disease or condition resulting in death) Due to (final disease or condition resulting in death) Due to (final disease or condition resulting in death) Due to (final disease or condition resulting in death) Due to (final disease or condition resulting in death)											
	DUE TO O	AS CONSEC	DUENCE OF):			7	_ /	111	; ,			
N	Conventially list conditions			W	vary o	rm	4	NI	a			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	R AS A CONSEC	DUENCE OF):						i			
FIC	CAUSE (Disease or Injury C.	R AS A CONSEC	DUENCE OF):									
E	reaulting in death) LAST											
S	d											
AL A	PART II. Other significant conditions contributing to de	eth but not n	eaulting in the u	nderlyln	g cause given in	Part i. 24	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDICAL						1 (YES 2	□ NO	OF DEATH?			
M						_			1 _ YE\$ 2 _ NO			
Z												
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	Waster-Still	OTHE	R:	LACE OF DEATH (Ch	45 2-63 25						
IYS	1 YES 2 NO 1 Inpetient 2 E 27. MANNER OF DEATH 286. DATE OF IN		28b. TIME OF		JURY AT			NJURY OCCUI	250			
	1 Netural 5 Pending	Year)	INJURY	W	YES 2 NO	Zad. DEŞCHI	BE HOW IF	AJOHY OCCO	AED			
B	2 Accident Investigation 28e, PLACE OF I	NJURY — At ho	me form street fac			28f. LOCATION (Street and Number or Rural Route Number,						
G	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)											
Ē	29e. CERTIFIER	200100000	1979-1979-19	100000	nimbe recol			in the state of				
COMPLETED	29s. CERTIFIER (Check only) one) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.											
	29b. SIGNATURE AND TITLE OF DEBUTER / C				29c. LICENSE NUI							
H	136. SIGNAL OFFICE AND ALLER AND ALL				D25			▶ 7	IGNED (Month, Day, Year)			
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type: Print)		ريدر	~ 0 /			1-111			
1	John Mclean 560 Rivers			ru : 1	nd. 21801	1						
				d'								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR	SIGNATURE										
	MAR 4 1991 Sukia Savidos	s signature	at.									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending, why may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

- STATE REGISTRAR	STATE OF MA	CE		IOAIL	- 01	DEATH	_	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							MON			YEAR	3. TIME OF DEATH
Jerry Curzo		February									
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER 24 HRS.	(Mon	OF BIRTH th, Day, Year)		Coun	
414-24-1946	1 □ M 2 🔀 F	92	YRS.	-				t.1, 1			orgia
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	, TOWN (OR LOCATION OF	DEATH		9c. COL	JNTY OF I	DEATH
Circle Manor Nur	sing Home			Ke	ensi	ngton			Mon	tgom	ery
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TY		10c. CI1	TY, TOWN O	OR LOCAT	TION					10d. INSIDE CITY
Maryland Mon	itgomery		TZ.	ensin	art o	n					LIMITS?
10e. STREET AND NUMBER	regomery		1/4	ensin		. ZIP CODE			10g. CIT	TIZEN OF	WHAT COUNTRY?
10231-Carroll Pl	200					20895			The i	٠.۵	Ctatas
11. MARITAL STATUS	12. WAS DECEDENT			13.	WAS DEC	ENDENT OF HISP	ANIC ORIG	N? (Specify Yes			States E — American Indian, ek, White, atc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, OIVE WA	YES 2 XNO	0			ecify Cuben, Mexi		Rican, atc.)			elly: 1te
15. DECEDENT'S ED	UCATION	16e. DEC	CEDENT'S	S USUAL O	CCUPATI	ON	16	b. KINO OF BU	SINESS/IN	DUSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 8+)	life.	Do NOT	isa retired.)	uuring mo	ost of working					
8		Нс	ouse	wife				at hom	е		
17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S	AME (First,	Middle, Malden	Surname)		
Charles G. Curz	on					Anna	Bal	leau			
19e. INFORMANT'S NAME (Type/Print)		19b	. MAILIN	O ADDRESS	S (Street	end Number or Run	l Route Nui	nber, City or Tow	n, State, Z	lip Code)	25411
Betty C. Heckard	(Daughter)	R.	R.#.	1, Bo	0x 4	27K, Ber	kele	y Spri	ngs,	West	Virginia
20e. METHOD OF DISPOSITION 1 □ Buriel	movel from State		OF DISPO			metery, cremetory o					own, State
4 Donation 5 Other (Specify)	mover now suite	Lee's	Cre	emato	ory			Was	hing	ton,	D.C.
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	100.7		22.	NAME A	ND ADDRESS OF	ACILITY	_			
/I A				1 7	TA75 7	liam To		ana l'a	mean	** 1.5 **	marcal Ilame
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one caus	coused tha dea		not antar	tha mo	th St., 1	IE, Wa	shingt	on,D	C 20	002-5816 Approximate Interval Betw
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate	e. Arter:	se on eech lina.	OTIC	Hear	tha mo	th St., 1	IE, Wa	shingt	on,D	C 20	Approximate Interval Betwood Onset and D
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shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions EXAMINER?	Arter: DUE TO (c. DUE TO (d. DUE TO (HOSPITAL:	iosclero or as a consec or as a consec or as a consec or as a consec death but not re	DUENCE (Hear Hear OF): OF):	nderlyln	th St., 1 oda of dying, ac isease ig cause given	NE, Wa	Shingt rdiac or reap 24a. WAS AN PERFOI 1 UPS :	On, Diretory a	C 20	Approximate Interval Betwonset and D Years b. Were autopsy find Available Prior to completion of cau of Death?
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL	B. Arter: DUE TO (c. DUE TO (d. DUE TO (iosclerc or as a consect or as a consect or as a consect or as a consect death but not re	DUENCE (Hear DF): DF): OTHE: 4 □ Nu	nderlyln	th St., I	n Part I.	Shingt rdiac or reap 24a. WAS AN PERFOI 1 UPS :	On , Directory a	C 20	Approximate Interval Betw Onset and D Years b. Were autopsy Findi AMILABLE PRIOR TO COMPLETION OF CALL DE DEATH?
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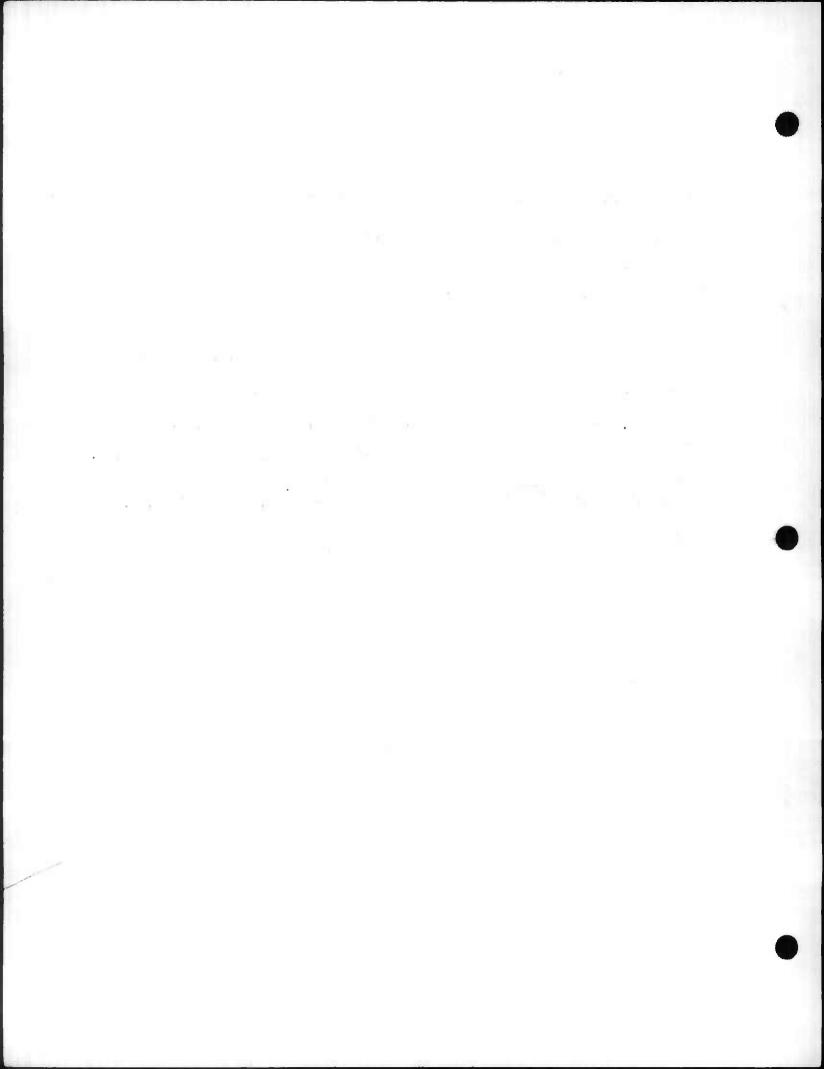
DHMH-16 Ray 1/89

-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR		STATE OF 1			TMENT OF I			MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First,	, Middle, Last)	1, Du	wall					2. DATE O		7	YEAR	3. TIME OF DEATH A
	4. SOCIAL SEQURITY NUME		5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDE	MIN.	7. DATE O	F BIRTH 1 Day, Year)	894	Countr	PLACE (State or Foreign y) ryland
	9a. FACILITY NAME (If not in		/ -		V	9b. CITY, TOWN	OR LOCAT	ON OF DE	ATH		9c. COUN		
TOR	Wilson Heal		e Center			Ga i	ther	sbur	g		Mon	tgom	ery
EC	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY
E I	Maryland 100. STREET AND NUMBER	Mont	gomery		R	ockville	. ZIP COD	_					LIMITS? 1 YES 2 NO WHAT COUNTRY?
ERA	9 East Arg	yle St	reet			10	2085				US.		THAT COUNTRY?
COMPLETED BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 3 Never Married 2 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES 2X	ARMED NO	If yes, sp	ecity Cub		n, Puerto R	(Specify Yealican, etc.)	or No—	Black	- American Indian, white, etc. by: White
TÉG	(Specify on)	EDENT'S EDU y highest grade	completed)			USUAL OCCUPATI work done during me		ing	16b.	KIND OF BUS	SINESS/IND	USTRY	
APLE	Elementary/Secondary (6)-12)	College (1-4 or 5	+)		nment Cl	erk		τ	J.S. G	overi	nen	t
8	17. FATHER'S NAME (First, M						16. MOT			iddle, Maiden			
BE	Franklin									Week			
5	19a. INFORMANT'S NAME (ADDRESS (Street							2
	Maude D. 1				-	0. Box 5			Tons				
	20g, METHOD OF DISPOSIT 1 M Burist 2 Cremette 4 Department 5 Department	on 3 🗆 Ram (Specify)	acyal from Stata	20b. PLAC other	e of dispo Lay	tonsvill	netery, cre .e Ce	metery or mete	$\mathbf{r}\mathbf{y}$		tons		e , Md .
	21. MUNATURE OF FUNERA	L SERVICE LI	CENSEE /			22. NAME A	ND ADDRI	SS OF FA	CILITY	_			
	WAL	6 4/1	2/2							r Fun			
- 1	23. PART i. Enter the d									ytons lec or reapi			Approximata
	ahock, or h IMMEDIATE CAUSE (File		List only one ca	use on each li	Ne.								interval Between Onset and Death
	disease or condition resulting in deeth)	\rightarrow	· Cere	bral	M	romb	रेटा	5			21 hr.		
z			a. Core	bral	A	charic	sch	5003	15				5 year
CERTIFICATION	Sequentielly list condit if any, leeding to imme	diete	DUE TO	(OR AS A CON	SEOUENCE (OF):							
2	cause. Enter UNDERLY CAUSE (Disease or inju		C. OHE TO	(OR AS A CON	EOUENCE (NE):							
HT.	that initiated events resulting in death) LAS	T .	. DOE TO	(On AS A CON.	SECOENCE (,r.,.							ļ
			d					11-1112112					
SAL	PART II. Other eignifice	ent condition	na contributing to	deeth but no	t reaulting	in the Underlylr	g cause	given in	Pert i.	24a. WAS AN PERFOR	RMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA							-		-	1 TYES 2	₩, NO		OF DEATH?
													1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED 1	TO MEDICAL				26. F	LACE OF	DEATH (Ch	eck only on	9)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	ne 5 🗆 F	lealdence	6 🗆 Other	(Specify)			
РНУ	27. MANNER OF DEATH	Pending	26a. DATE O (Month,	F INJURY Day, Year)	26b. TH	JURY W	JURY AT DRK? YES 2	□ NO	28d. DE\$	CRIBE HOW I	NJURY OC	CURED	
D BY		Investigation Could not be	28a. PLACE building	OF INJURY — At, atc. (Specify)	home, farm,	street, factory, offi				ATION (Street or Town, State)		or Aural	Route Number,
ETE	4 Homicide	detarmined											
COMPLETED	CHECK DINY		ER: On the basis of										e) and menner as stated.
BE C	29b. SIGNATURE AND TITLE	E OF CENTURE	SUM	1		1007	29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS O	F PERSON W	TO COMPLETED CAL	ISE OF DEATH (TEM 27) (Typ	-	,	123	ノ 1		h	/	1 . ^
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATUR	20	7 Bro	ove	5 0	UB_	(50	The	ලැබ	bug Md.
	MAR 4 19	91 4	ulia Savidso	n-Abridae	L								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

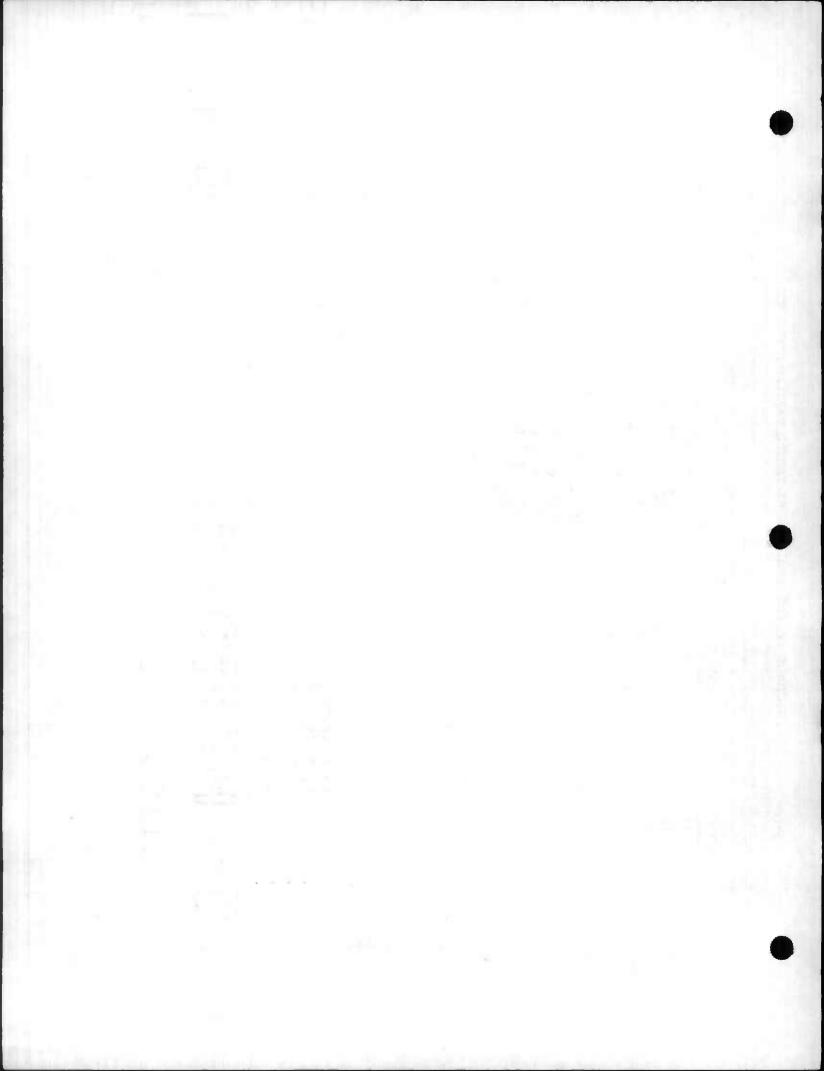
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR		CE	HILL	ICALE	UF	DEAL	П	HE	EG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)	Δ	E	gler					2. DATE OF D	EATH DAY	YEAR	3. TIME OF OEATH 7:37 A
	Barbara	Ann							3		1991	
8	4. SOCIAL SECURITY NUMBER 217-27-8778	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	MONTHS .	DAYS	HOURS .	HOURS MIN. 7. DATE OF (Month, D		, Day, Year) Country)		THPLACE (State or Foreign intry) ARYLAND
- 1	9a. FACILITY NAME (If not institution, give s	traint and number)			9h CITY	TOWN C	R LOCATIO	ON OF OF			COUNTY OF	
œ	A STATE OF THE PARTY OF THE PAR	divided in					more				COOKITO	DEATH
0	2124 Ramsey Stree	t Apt#1			Ва	LLI	more	CIL	У			
S	10a. STATE 10b. COUNT	Y		10c, CIT	10c. CITY, TOWN OR LOCATION 10d. INSI							10d. INSIDE CITY
DIRECTOR	Maryland		Bal							LIMITS?		
	10e. STREET AND NUMBER			101	ZIP CODI	E		100	. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	2124 Ramsay STree	21223						U.S.	Α.			
S	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13. W	AS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Sp	ecify Yea or N	0— 14. RA	CE — American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 XI	10			2 XNO		n, Puerto Rican.	, etc.)		ock, White, etc. White
	15. DECEDENT'S EDU	CATION	16a, DE	CEOENT'S	USUAL OC	CUPATIO	ON .		16b. KINI	OF BUSINES	S/INDUSTRY	
Ë	(Specify only highest grade		(G		work done di			ng				
۲	Elementary/Secondary (0-12)	College (1-4 or 5	+)									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			_	-							
2		-1 T							ME (First, Middle		ime)	
BE	Edgar J. W. Fog	gier, Jr.							Lee Li			
0	19a. INFORMANT'S NAME (Type/Print)		19			1			Route Number, C			
F	Edgar J.W. FOgler	r, Jr.		2124	Ram	say	Stre	eet,	APt.#1,	Baltin	nore,	Md. 21223
	200. METHOD OF DISPOSITION	110 707	20b. PLACE						DATE	20c. LOCATIO	N — Cify or	Town, State
	1-1 Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ioval from Stata	Cedar	HIII	Cem	ete:	cv		3/5	Balt	imore	
ч	21. SIGNATURE OF FUHERAL SERVICE L	CENSEE	/ /				D ADDRE	SS OF FA	CILITY			
- 4	. // //	/ //	-1		нп	RRAI	וים חי	INED	AT HOME	TNC		
	7/1/1/1	M	-		41	07 T	VILKE	ENS A	AL HOME	BALTIN	ORE.	MD 21229
										interval Between Onsat and Dasth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
S	CAUSE (Disease or injury	с										
国	that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death) LAST	d										
	BART II Oak or also March as a Male			to f					5 I		- T	
EDICAL	PART ii. Other algnificant condition	na contributing to	daath but not	esuiting	in the un	dariyin	g cause	given in	Part I. 24a	PERFORMED		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2									12	YES 2	10	COMPLETION OF CAUSE OF DEATH?
									/	,		1 TYES 2 NO
3											15.3	7.00
A	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ no.	OTHER	lr.				7.1		
PHYSICIAN:	27. MANNER OF OEATH	28s. DATE O		28b. Tik	-	28c. IN.		asidence	6 Other (Sp		W 00011BED	
T P	1) Natural 5 Pending	3-Mogth,	1991		JURY	28C. IN.	PRK?	X no	28d. DESCHIE	BE HOW INJUR	IY OCCURED	
ВУ	2 Accident Investigation	28e, PLACE	OF INJURY — At he						28f LOCATIO	N (Street and A	lumber or Bur	al Route Number,
0	3 Suicide 6 Could not be 4 Homicide determined	building	, atc. (Specify)			ory, orne			City or To	wn, State)		
COMPLETED			H	OME					2124	Ramsey	Stre	et Apt.#1
P		ICIAN: To the best o	f my knowledge, de	eth occur	red et the ti	ma, date	and place	, and dus	to the cause(s) and manner	ns stated.	
MO	one) 2 MEDICAL EXAMIN	ER: On the basis of	xamination and/or	Investigati	on, In my o	pinion, d	leath occu	red at the	time, data and	place, and du	a to the caus	e(a) and manner as stated.
	296/ SIGNATURE AND TITLE OF CERTIFIE	8 01	00 (1	1	G .	29c. LIC	ENSE NU	MBER	294	I. DATE SIGN	IED (Month, Day, Year)
) BE	Jun 9	- G	the	77	14			C.M.		•	3/	191
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	SE OF DEATH (IT					11 11	2-11-1	71	MO	2120:
	31. DATE FILEO (Month, Day, Year)	SOUND 122 DECIETO	AR & SIGNATURE	MP				LIA	ENN	8	MD	4170
- 17	MAR O	4 1991	Julia Dav		Brade	00.				- 1		



TO BE COMF	IMPORTANT: IT INSTITUTE AS INSTITUTE, OF INSTITUTE STATEMENT OF THE ASSESSMENT OF TH
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIFFERMS THE FINE CONTINUES TO CONTINUE TO CONTINUE TO CONTINUE TO THE FUNERAL DIFFERMS TO CONTINUE
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL ON WITHOUTH PAYSICIAN: The law requires that the death certificate be executed within 24-yours after death. Page 6 may be retained by the hosp
BALLIMONE, MARTLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13149,

	1 - STATE STATE (F MARYLAND / DEPA CERTII	RTMENT OF FICATE OF		REG. NO.	E 01	03470	
	1. DECEDENT'S NAME (First, Middle, Lest) LAVER N 4. SOCIAL SECURITY NUMBER 5. SEX	COX Lav	erne I	.Fox	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH 22:45 PM	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M 2 ☐		MONTHE DAVE	# UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 2 /08/-	(Month, Day, Year) , Country)		
_	9a. FACILITY NAME (If not institution, give street and number	r)		OR LOCATION OF DEA	ATH /	9c. COUNTY		
ō	Harbor Hospital Cer	iter	Balto	.City,Md	,			
3EC	10a. STATE 10b. COUNTY	10c. C	ITY, TOWN OR LOC	ATION		10d. INSIDE CITY LIMPTS?		
ā	Maryland			.City,Md	•		1 EYES 2 NO	
FUNERAL DIRECTOR	100. STREET AND NUMBER	Charles St.	1.	or. ZIP CODE 212	30	1	OF WHAT COUNTRY?	
8⊀	1 Never Married 2 Therried FORCES	EDENT EVER IN U.S. ARMED 1 YES おうしれの IVE WAR OR DATES	If yes, s	CENDENT OF HISPANI pecify Cuban, Maxican S TO Specify:		or No 14. I	RACE — American Indien, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 8 th . Grade	(Give kind of life. Do NOT	's usual occupation work done during in use retired.) Iomemak	nost of working	18b. KIND OF BUS	wn Hoi		
CON	17. FATHER'S NAME (First, Middle, Last) Albert -	Mille	r	16. MOTHER'S NAM	AE (First, Middle, Maiden	,	ington	
TO BE	19a. INFORMANT'S NAME (Type/Print) Mr. John L. Fox, Sr.	19b. MAILIF	NG ADDRESS (Street	and Number or Rural R	oute Number, City or Town	n, State, Zip Code	9)	
	20a. METHOD OF DISPOSITION	20b. PLACE OF DISP	OSITION (Name of o	emetery, cremetory or		CATION — City		
	1 💢 Buriel 2 🗆 Cremation 3 🗆 Removal from Sta 4 🗆 Donation 5 🗷 Other (Specify)	Loudon P	ark Cer	netery	Ba	1to.Mo	i.	
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE	0	10000	AND ADDRESS OF FAC			o. Md.21230	
	Danuel a.	Yang 1>		_			E.Fort Ave.	
	23. PART I. Enter the disesses, or complication shock, or heart failure. List only on IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	A 3 C V D		ode of dying, such	i as cardiac or reapi	ratory srrest,	Approximate Interval Between Onset and Death	
z			EQUENCE OF): POUR VASCULAR CLIS CASE EQUENCE OF):					
CATIO	csuse. Enter UNDERLYING	JE TO (OR AS A CONSEQUENCE						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	JE TO (OR AS A CONSEQUENCE	OF):					
C	PART II. Other significent conditions contributi	ng to desth but not resultin	g in the underly	ng cause given in i			24b. WERE AUTOPSY FINDINGS	
DICAL	Heavy &moker				PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MED					_	:	1 TES 2 NO	
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	1:	26.	PLACE OF DEATH (Che	ck only one)			
KSI	1 VES 2 NO 1 Inpatier	t 2 1 ER/Outpetient 3 DOA	4 Nursing H	ome 5 - Reeldenca				
ВУ РН			INJURY \	NJURY AT YORK? YES 2 NO	28d, DEŞCRIBE HOW I	EŞCRIBE HOW INJURY OCCURED		
	3 Suicide 8 Could not be bu determined	ACE OF INJURY — At home, fern liding, atc. (Specify) A+ho/		fice	28f. LOCATION (Street City or Town, State)	and Number or R)	tural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 1 CERTIFVING PHYSICIAN: To the I 2 MEDICAL EXAMINER: On the bee			use(s) and manner as stated.				
BE	29b, SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	IBER	29d. DATE SIG	ONED (Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	CAUSE OF DEATH (ITEM 27) (7)	rpe, Print)	128275	1 411:		///	
	31. DATE FILED (Month, Day, Year) 32. REG	IISTRAR'S SIGNATURE	PHLI I'IG	44230	1. Allis	ON My.		
	WITH 80 4 1991	Sulia Davidson-Ra	nder				DHMH-18 Rev 1/89	

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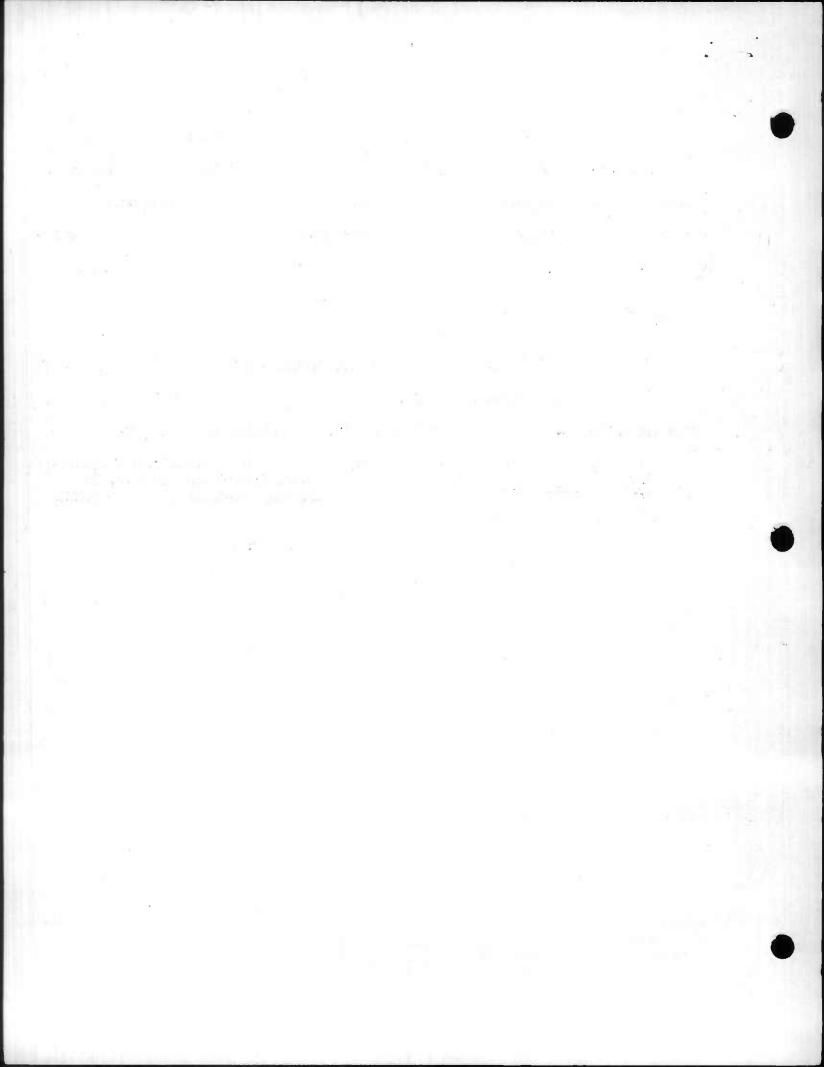
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2, DATE OF OEATH 3. TIME OF DEATH Alice C. Frank 03 02 91 12:18 7. DATE OF BIRTH (Month, Day, Year) ith, Day, N 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS MONTHS DAYS HOURS 1 M 2 X F 219-18-0153 71 YRS. 04 19 MARYLAND 9a, FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH CARROLL HAMPSTEAD COUNTRY SIDE PROTECTIVE CARE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? WESTMINSTER 1 TES 2 NO MARYLAND CARROLL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER USA 21157 211 KIRKHOFF ROAD 11, MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY tary/Secondary (0-12) College (1-4 or 5 +) 8TH SALES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) WALTER GETNER BENNATTA GLASS 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 211 KIRKHOFF RD., WESTMINSTER, MD. 21157 VICTORIA JENKINS METHOD OF DISPOSITION
Buriel 2 Cremetion 3 Removal from State 20e. METHOD OF DISPOSITION
1 V Buriel 2 Cremation 3 R
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State BALTIMORE, MARYLAND LORRAINE PARK CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTO., MD. Sec Wan 21211 23. PART I. Enter the diseases, or complications that ocused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Batwean Onset and Death IMMEDIATE CAUSE (Fins) disesse or condition Dehydration
DUE TOYOR AS A CONSEQUENCE OFF resulting in death) entra and Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If sny, lasding to immediata disease ar amon's cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO Diabetis arellitus 1 TYES 2 TONO OF DEATH? Congestive heart Fallure 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 4 | Nursing Home 5 | Residence 8 | Other (Specify) | Sounding home 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF JNJURY 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date end placa, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) NU Co 35974 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4500 Blackrock Rd Ham Congers m.D. 31. DATE FILED (Month, Day, Year)

Aulie Davidson

PHYSICIAN: The law requires that the death certificate be executed within 24-rious after death. Page 6 may be retained by the host	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to have steer death with the State pear of Health and Memai Haniens nincr to burial, cremation, or removal	I liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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E	THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the factors after death with the State peop of Health and Mental Hydriene prior to burial. Cremation, or removal	=

REGISTRAR		CI	ERTIF	ICATE	OF	DEAT	Ή		REG. NO.			
1. OECEDENT'S NAME (First, Middle	e, Lest)	Carl line						2. DATE (OF DEATH DAY	r	YEAR	3. TIME OF DEATH
		Shamus Flan							2-28-9			8:15 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	HOURS	24 HRS.	7. DATE C	Day, Ybar)		8. BIRTH Count	IPLACE (State or Foreign
218-36-7993 1V M 2 🗆 F 51				MONTHS	DATO	noons	were.	1	3-23-30			Maryland
9e. FACILITY NAME (If not institution		9b. CITY,	TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH		
Howard County Con		C	olumb	ia				Howa	and Co	unty		
10e. STATE - 10b. COUNTY				Y, TOWN O	R LOCATI	ON						10d. INSIDE CITY
Maryland	Howard			Ma	arrio	ttsvi	lle					1 TES 2 NX
10e. STREET AND NUMBER		10	10f.	ZIP CODI				10g. CIT	ZEN OF	WHAT COUNTRY?		
1060 Henryton Rd.							1104					U.S.A.
11. MARITAL STATUS 1 Never **-rried 2 Merrie 3 Widowed 4 Divorced	FORCES?	ENT EVER IN U.S. AF 1 YES 2 WAR OR DATES		1		cify Cube	n, Mexice	n, Puerto R	? (Specify Yea lican, atc.)	or No	14. RACI Black Spec	E — American Indian, k, White, atc. ffy: Caucasian
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3 Year				Traffic Engineer			Baltimore C		Coun	County		
17. FATHER'S NAME (First, Middle,	Last)					18. MOT	IER'S NA	ME (First, M	liddle, Maiden	Sumame)		
	William Vie	ter Flenige	an Sr							Nell	lio A	ekmen
190. INFORMANT'S NAME (Type/Pr	int)	10	D. MAILING	G ADDRESS	(Street ar	d Number	or Rural I	Route Numb	er, City or Town	, State, Zip	Code)	
Miss Anne R. Flar	rigaN	20b. PLACE	1060 I	lenry to	on Pd		Marr	iotte	20c. LO	rylar	xd -21	104
1 Burtal 2 - Cremation 3	☐ Removal from State	Dittell p	nece)						20c. LO	ATION	City or To	own, State
4 D Convettors of D Other (Spec		Crest	Leum	Cemet	NAME AN	D ADDRE	SS OF FA	CILITY	West	Frie	endsh:	ip Varyland
Loring Byers Funeral Directors, Inc all											rs, Inc all 3	
23. PART I Enter the diseas	N.W.				728 L				endalls			Maryland
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Acute Bacterial Ends carelitis Due to (or as a consequence of): b. Oue to (or as a consequence of):										Onset and Dec		
if any, leading to immediate cause. Enter UNDERLYING												
CAUSE (Disease or injury that initiated events oue to (or as a consequence of):												
resulting in death) LAST												
BART II Other elevitions of	addione sected with a	to death but not		In About	d - als da s		tore to	Deat I			L	
Chronic						PERFORMED? 1 YES 2 NO OF DEATH			AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 □ DOA	OTHER A Nur	₹:			8 🗆 Other				
27. MANNER OF DEATH	28e. DATE	OF INJURY	20b. Til	WE OF	28c. INJ	JRY AT	reiderice	_		() 10W INJURY OCCUREO		
1 Natural 5 Pendi 2 Accident Invest	ng igation	Day, Year)	IN	JURY	1 N	ES 2] NO					
3 Suicide 6 Could 4 Homicide determ	ome, farm,	ne, farm, street, fectory, office 28f. LOCATI				OCATION (Street and Number or Rural Route Number, ity or Town, State)						
2001								to the cause(s) and menner as stated. If the cause(s) and place, and due to the cause(s) and mann			e) and manner ee stated	
296. SIGNATURE AND TITLE OF C	ERTIFIER						ENSE NUI			29d. DAT	TE SIGNE) (Month, Day, Year)
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								2104				
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executed within	in and completely filled in by the funeral director, page 5 should be detach to burial, cremation, or removal.	umatic event, the medical examiner must be notified at once.
per real, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wurs after death. Page 6 may be retained by the hos	TO DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be possible to be detached t	ANT IN Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JR

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32 REGISTRAR'S SIGNATURE
Schie Davidson-Randelle

31. DATE FILED (Month, Day, Year)

MAR 0 4 1991

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND	MENTAL HYGIENE REG. NO.	9	05473
	1. DECEDENT'S NAME (First, Middle, Last)	Mary Golansi	ki.		2. DATE OF DEATH DAY	977	3. TIME OF DEATH PM
	214-24-7618	5. SEX 6. AGE (In yrs. In 1 M 2 1 F 100	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	1 2 1 2 1	90 8. BIRTNI Country	Poland
TOR	80. FACILITY NAME (If not institution, give stre Herutage Nervi	oing Center		y, town or location of Di		9c. COUNTY OF DI	Balto.
DIRECTOR	10a. STATE 10b. COUNTY Md. Balt	imore	10c. CITY, TOWN	on Location			10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER 5601 Daybreak Ten	race		10f. ZIP CODE 2/206		10g. CITIZEN OF W	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico 1 VES 2 NO Specifi	en, Puerto Ricen, etc.)	r No— 14. RACE Black Specifi	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	ECEDENT'S USUAL C Give kind of work done to. Do NOT use retired.) Housework	during most of working	16b. KIND OF BUSIN		
BE CON	17. FATHER'S NAME (First, Middle, Last) John Pryla			16. MOTHER'S NA	ME (First, Middle, Maiden Su	urname)	
TO B	190. INFORMANT'S NAME (Type/Print) Elinor Halsted	.11		SS (Street and Number or Rural wond On. New .			2169
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove 4 Donetion 5 Other (Specify)	val from State 20b. PLACE other p	E OF DISPOSITION (N	s of Faith	20c. LOCA	Lea, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	D. Zule	22	harles S.Zei		nc. 6224	tern Ave.
	23. PART I. Enter the diseases, or co shock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition	emplicatione that caused that diet only one cause on each lin	laath. Do not anta	r the mode of dylng, suc	ch as cerdiec or reapire	atory arrest,	Approximate Interval Between Onset and Death
7	reaulting in death) a.	DUE TO (OR AS A CONSI	equence of):	Failure	2		1 ward
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CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):				
	PART II. Other significant conditions	contributing to death but not	resulting in the u	inderlying cause given in	Part i. 24e. WAS AN AI PERFORM 1 YES 2	IED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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ву РНУ	27. MANNER OF DEATN 289. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY AT WORK? M 1 YES 2 NO						
	2 Accident investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, street, fee	ctory, affice	281. LOCATION (Street and City or Town, State)	d Number or Rural F	loute Number,
COMPLETED	one)	IAN: To the best of my knowledge, on the beele of examination end/or) end menner se stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	wan &	200	29c. LICENSE NU	MBER 3664	29d. DATE SIGNED	(Month, Day, Year)
~		COMPLETED CAUSE OF DEATH UT					

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05474 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR LESLIE E. GILBERT CERTIFICATE OF DEATH 1 -2. DATE OF DEATHU3/01/91 1. DECEDENT'S NAME (First, Middle, Last) 03 130 Leslie Gilber 8 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 - F 212-09-3751 78 YRS. 08-16-12 MARYLAND 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR LOCH RAVEN VETERAN HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE CATONSVILLE MARYLAND 1 - YES 2 X NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6534 WOODBRIDGE CIRCLE 21228 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Bleck, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-It yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 YES 2 NO Specify. Specify BY 3 Widowed 4 Divorced WW II WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondary (0-12) PLUMBER LOCAL #48 PLUMBING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname, BILTZ LESLIE GILBERT MARY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 CATONSVILLE, MD 21228 GLORIA GILBERT (WIFE) 6534 WOODBRIDGE CIRCLE 20e_METHOD OF DISPOSITION
1 A Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State MARYLAND VETERAN CEMETERY GARRISON FOREST, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LERDY M & RUSSELL C WITZKE FUNERAL HOME WidaMi 1630 EDMONDSON AVE CATONSVILLE, MD 21228 23 PART V Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one Interval Between cause on each line. IMMEDIATE CAUSE (Final Onsat and Death disease or condition heumonio resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Parkinsons DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Ma 1 YES 2 NO DF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 TES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY Natural 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED a Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) and manner as stated. 266. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day Year) BE Ascer m 9 2

MAR 04 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Luna Day don Manuelle

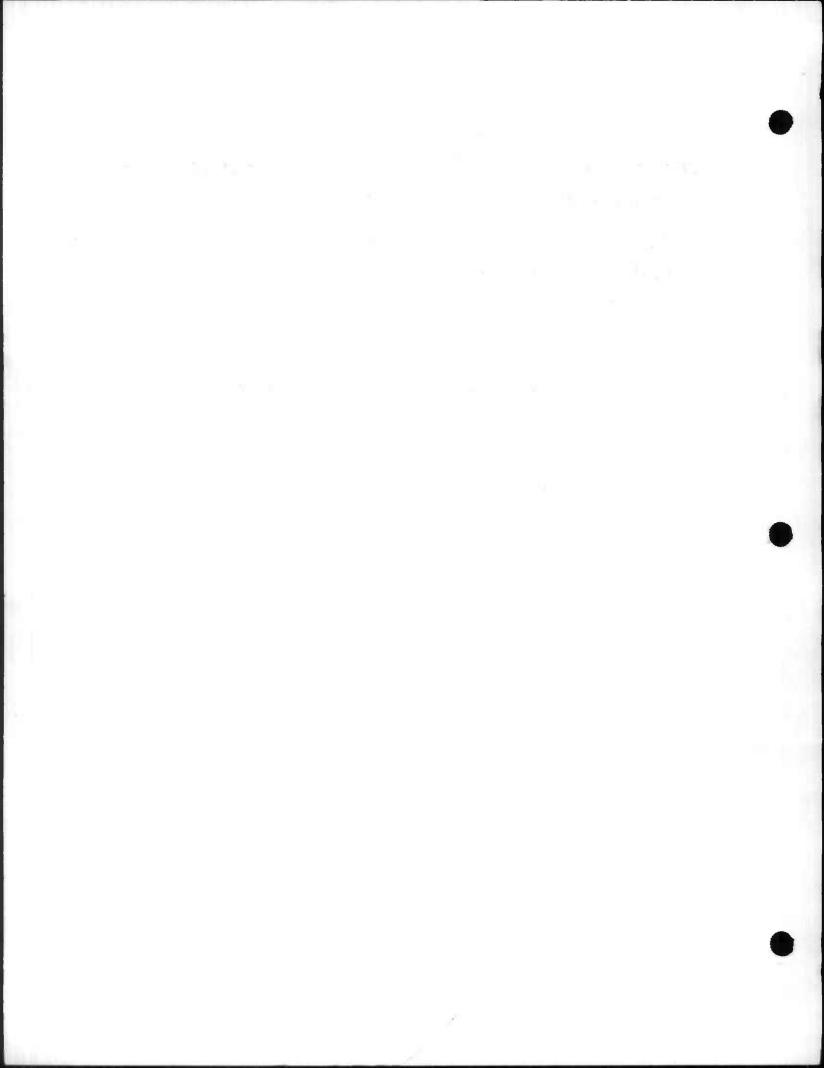
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BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours	FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the
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	FOR STATE REGISTRAR		STATE OF MAR	RYLAND / CE	DEPARTM RTIFIC	IENT OF	HEALTH AN	ID MEN	TAL HYGIEI REG. NO		05475	
	1. DECEDENT'S NAME (First,	Middle, Last)	G-OFF#	Ĭ.					ATE OF DEATH	8 9	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUME	17 TO 10 TO	AGE (In yrs. last	MO	UNDER 1 YEAR	IF UNDER 24 H	/4	ATE OF BIRTH	6.	BIRTHPLACE (State or Foreign Country)		
	98-14-41	10 1	M 2 F	10	YRS.				132	0	PENN.	
OR	HARB	ok Ho	SPITAL	CTR	96	96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH ===================================						
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY				10c. CITY, To	OWN OR LOCA	TION				10d. INSIDE CITY LIMITS?	
PIG	MD.	Anne	Arundel		G	LEN	BURN	116			1 YES 2 NO	
*AL	10s. STREET AND NUMBER					1	H. ZIP CODE	, 4		10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL	1611 V		VACE BY				210	61.			S.A.	
	11. MARITAL STATUS 1 Never Married 2	Married	2. WAS OECEDENT ED FORCES? 1	YES 2 N	MED IO	If yes, a	pecify Cuban, M	lexican, Pue	RIGIN? (Specify Y erto Rican, etc.)	sa or No— 14	. RACE — American Indian, Black, Whita, etc.	
BY	3 Widowed 4 Divo	beard	World Wa			1 1 1	S 2 1 NO S	Specify:			Specify: White	
G D	15. DEC (Specify onl	EDENT'S EDUCAT ly highest grade con	TION mpleted)	(Gh	ve kind of work	UAL OCCUPAT	ION ost of working		18b. KIND OF B	USINESS/INDUS	TRY	
COMPLET	Elementary/Secondary (to 12th Grade	0-12)	College (1-4 or 5+)		fice N	nired.) Nanage	r		Pre-F	ab Con	crete	
00	17. FATHER'S NAME (First, M			•			16. MOTHER	'S NAME (F	irst, Middle, Maide	n Sumame)		
BE	19a, INFORMANT'S NAME (HAEL	Croff/			DDF66 (D	<u> </u>	NAK	Number, City or To			
2	Margaret M										nie, Md. 21061	
	20e. METHOD OF DISPOSIT	TION	0.002843	20b. PLACE	OF DISPOSITI		emetery, cremetor				y or Town, State	
	1 N Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		I from State	Loude	on Par	k Ceme	etery		Ba	1timore	e, Maryland	
	21. SIGNATURE OF PHINERA	AL SERVICE LICEN	SEE			22. NAME	MD ADDRESS	GONCE	e Funer	al Home	P.A.	
	Dicke	and	E Xon	ms)			4001 R:	itchi	e Hwy.	Baltim	ore, Md. 21225	
	23. PART I. Enter the d					anter the m	ode of dying,	, auch ea	cerdlec or rea	piratory arres	t, Approximata	
	ahock, or heert fellure. List only one ceuse on each line IMMEDIATE CAUSE (Fine) disease or condition					Onaet and Dec						
	reaulting in death)	_ a		ACERS BELLAR BLESS AS A CONSEQUENCE OF: ARTELIOS CLEROTIC AS A CONSEQUENCE OF: LARDIOVAS CUCAR DR								
CERTIFICATION	Sequentially list conditions of any, leading to imme		DUE TO (OF	AS A CONSEC	OUENCE OF):	CAL	IOVASC	MCA	RDZ			
CAI	cause. Enter UNDERLY CAUSE (Disease or inju	ING	COLO	N CA	NCER							
H	that initiated events resulting in death) LAS		DUE TO (OF	AS A CONSEC	DUENCE OF):							
CER		d										
A.	PART II. Other algolfica	ant conditions	contributing to de	ath but not n	reculting in	the underly	ng cause give	en in Part		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC									1 🗆 YES	2 NO	OF DEATH?	
ME											1 TYES 2 NO	
A	25. WAS CASE REFERRED 1	TO MEDICAL				26.	PLACE OF DEAT	TH (Check or	nly one)			
SICI	EXAMINER?	+	IOSPITAL:	3/Outpatient 3		THER:	me 5 🗆 Raald		F-11			
PHYSICIAN	27. MANNER OF DEATH		26a. DATE OF IN. (Month, Day,	IURY Year)	28b. TIME C	OF 28c. II	JURY AT		. DESCRIBE HOV	V INJURY OCCU	RED	
ВУ	1 Natural 5 🗌 2 🔲 Accident	Pending Investigation				M 1	YES 2 N	10				
ED	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF II building, etc	IJURY — At ho . (Specify)	ome, farm, stre	et, fectory, of	lca	281.	City or Town, Sta	et and Number of te)	r Rural Route Number,	
J.E	29a. CERTIFIER (Check only	ITIFYING PHYSICIA	AN: To the best of my	knowledge, de	eath occurred	at the time, da	ta end place, er	nd dua to th	ne ceuse(a) end n	nenner ee stated	ı.	
COMPLET	one)		_								cause(a) and menner as stated.	
w	29b. SIGNATURE AND TITL	E OF CERTIFIER					29c. LICENS	E NUMBER	l	29d. DATE	SIGNED (Month, Day, Year)	
							and the second		4	I N	1 2	
0 8	VA	M85	ALLEN	1			Hou	555	TAFF	1 2	12891	
TO B	30. NAME AND ADDRESS C	OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type, Pr	rint)	ANOV	58.5	TAFF	1 2	128/91	

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FOR STATE REGISTRAR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The !aw requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach:		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	Bernadine (NMI) GEIER				2. DATE OF DEATH	2 9	3. TIME OF DEATH 18.25 P	м
	The state of the control of the cont	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Mogth, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)	
	218 26 0759 1 M 2 TF 60 9e. FACILITY NAME (if not institution, give street and number)	YRS.			Ou O3 3		Maryland	
TOR	St Joseph Hospital RESIDENCE OF DECEDENT		Tows	OR LOCATION OF DI	EATH	Balti	more County	
DIRECTOR	10e, STATE MD 10b. COUNTY Harford	10c, CIT	liston	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	2501 Suffolk Ct		10	21047	_	109. CITIZEN	OF WHAT COUNTRY?	
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EYER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecity Cuben, Mexico 2 NO Specif	NIC ORIGIN? (Specify) in, Puerto Rican, etc.) iy:	ee or No- 14.	RACE — American Indien, Bleck, White, stc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Cotlege (1-4 or 5 +)		vork done during mo e retired.)	st of working		USINESS/INDUST		
MP	12 0	Cler	k-Typis			ense De	ept.	
BE CO	17. FATHER'S NAME (First, Middle, Last) Michael J. Oles Sr.				ophie E.			
10	19e. INFORMANT'S NAME (Type/Print)				Route Number, City or To			
	Carl H. Geier 20a. METHOD OF DISPOSITION 20b.	PLACE OF DISPOS			allston,	Md. 210		
	1 Burlet 2 Cremetion 3 Removat from State 4 Donation 6 & Other (Specify) Entombment	St. Sta	nislaus	Cemete	ry Ba		e, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEL George A. Weber & Sons I		22. NAME A	e A. Wel	oer & Son	s Inc.		
	23. PART I. Enter the diseases, or complications that caused				t. Balto.			_
	ahock, or heart failure. List only one cause on eximate the cause (Final disease or condition resulting in death)	ach line.	gestive			printerly errout	Interval Between Onset and Deat 24 hrs	
z	? Acute my			cion			36 hrs	
CATIO	t any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF	F):					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	CONSEQUENCE OF	F):					
	PART II. Other significant conditions contributing to death be	ut not reaulting i	n the undarlyin	g cause given in	Part I. 24a. WAS	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	8
MEDICAL	Long standing mitral sten				PERF	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
4: ME	Mitral valve replacement,	03/01/9	1				YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (C	neck only one)			
PHYSICIAI	EXAMINER? THOSPITAL: 1 VES 2 PANO 1 PROPRIEM 2 ER/Outp				6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH Netural S Pending	28b. TIMI INJ	URY W	NURY AT ORK? YES 2 NO	28d. DESCRIBE HOV	V INJURY OCCUR	ED	
0	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	street, factory, offic	•	26f. LOCATION (Stree City or Town, Ste		Rural Route Number,	
COMPLET	29e. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the basis of examination						suse(e) end manner as stated.	
BE	IN SIGNATURE AND TITLE OF CENTIFIES DUCK	X	9	D17966			GNED (Month, Day, Year) 3 91	
10	Maurice B Furlong Jr, MD	Charles of the Control of the Contro	CONTRACTOR OF THE PARTY OF THE	Hospital	Towsor	MD 212	104	3
	31. DATE FILED (Month, Dey, Year) MAR 0 4 1991 Suha Daw	dson-Randa	22a					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

91

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#INFERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

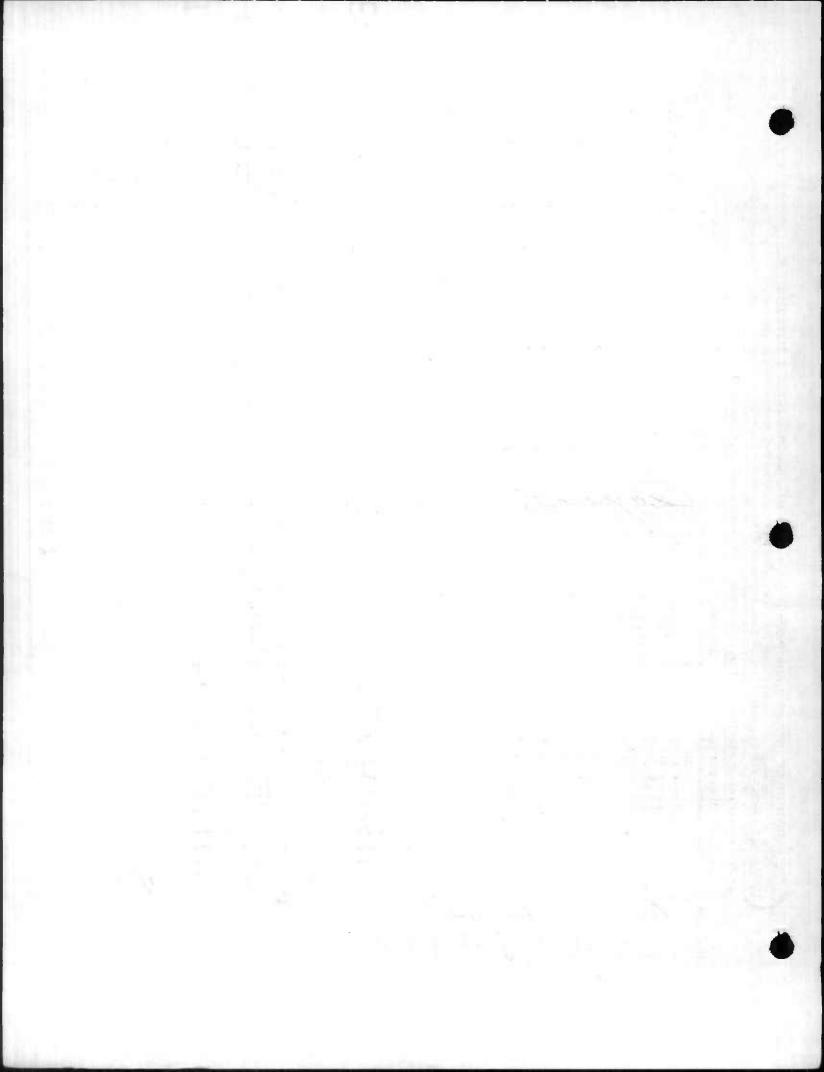
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	equires
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
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G-673 3/8/91 cm 05477 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF OEATH MONTN DAY 3. TIME OF DEATH JAMES BLAINE HARMAN February 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH OCT. 10, 1914 e. BIRTHPLACE (State or Foreign WASHINGTON, DC 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 76 214-05-1392 1 XM 2 - F YRS. Se. FACILITY NAME (If not institution, give atreet and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF OEATH HOWARD ANNE ARUNDEL TO BE COMPLETED BY FUNERAL DIRECTOR 7064 RIDGE ROAD HANOVER,

10a. STATE	10b. COUNT	TY .	10c. CITY, T	OWN OR LOCA	TION					IOd. INSIDE CITY
MARYLAND			HANOVER 1 YES 2 NO						V	
10e. STREET AND NUMBE				10	. ZIP CODE	_				IAT COUNTRY?
7064 RIDG	E ROAD				2107	6		U.	S.A.	
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT EVER	2 NO	If yes, sp	CENDENT OF HISPA ecify Cuben, Mexic	an, Puerto R		s or No—	Black,	- American Indian, White, etc.
3 Widowed 4 Di	vorced	IF YES, GIVE WAR OR I	MATES	1 YES	2 Z NO Speci	ly:			Specify	WHITE
15. Of (Specify of	ECEDENT'S EDU	JCATION ie completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATI	ON ost of working	16b.	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary		College (1-4 or 5+) 3 YRS	Engineer	etired.)	1	Со	nsult	ing I	Engine	eer
17. FATHER'S NAME (First,	. ,	DIANI OD			18. MOTHER'S NA					
JAMES BLA		RMAN, SK.					JOHN			
JAMES B.		TTT			EGRAPH R					144
20a. METHOD OF DISPOS	ITION	20	b. PLACE AND DATE O			DATE			City or Tow	
1 Duriel 2 X Creme 4 Donation 5 Oth		noval from State	ETRO-CREMA	TORY I	NC.	3/1		LTIM		
21. SIGNATURE OF FUNE	RAL SERVICE LI	ICENSEE			ND ADDRESS OF F		-			
1 da	2. ~~	1/21			RD FUNER WILKENS				DE M	D. 21229
23. PART I. Enter the	diseasea, or	complications that cause	d the death. Do not							Approximata
IMMEDIATE CAUSE (I		. List only one cause on	each line.							Onset and Death
disease or condition resulting in death)	\rightarrow	Esquite	cal Co.	neer						15 200
		DUE TO (OR AS	A CONSEQUENCE OF):							
Sequentielly list condif any, leading to immoduse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) L/	nediete LYING njury	c	A CONSEQUENCE OF):		_ = 10					
PART II. Other algnifi	cant conditio	na contributing to death	but not resulting in	the underlyin	g ceuse given ir	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
						_	1 TYES			COMPLETION OF CAUSE OF DEATH?
										1 _ YES 2 _ NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		THER:	LACE OF DEATH (C		,			
1 TYES 2 NO		1 Inpatient 2 ER/Out	patient 3 DOA 4		ne 5 🖾 Residence		(Specify)	INJURY O	CCURED	
1 Netural 5	Pending	(Month, Day, Year)	INJUF	Y W	YES 2 NO	200. DE	OHIDE HOW	1100/11 0	JOHED	
2 Accident 3 Suicide 6	Investigation Could not be	28a PLACE OF INJUIN	Y — At home, farm, stre	et, factory, offi	20	28f. LOC	ATION (Street or Town, State	and Numbe	or Rural Ro	oute Number,
4 Homicide	determined	building, etc. (ap	эсну)	270		City	or lown, State	"		
onel only		SICIAN: To the best of my kno IER: On the bests of examinati								end manner as stated.
29b. SIGNATURE AND THE	2017	0 0	1100 (120)		29c. LICENSE NU					Month, Day, Year)
Cellan	Cle	Vatural M.	10		024			▶ €	3/1/9	//
30. NAME AND ADDRESS	11	NO COMPLETED CAUSE OF D	EATN (ITEM 27) (Type, P	rint)	17				,	
31. DATE FILED (Month, D		12. REGISTRAR'S SIG	NATURE Y	00						
MA	K U 4]	331 guna De	widson-Randa	عادل						

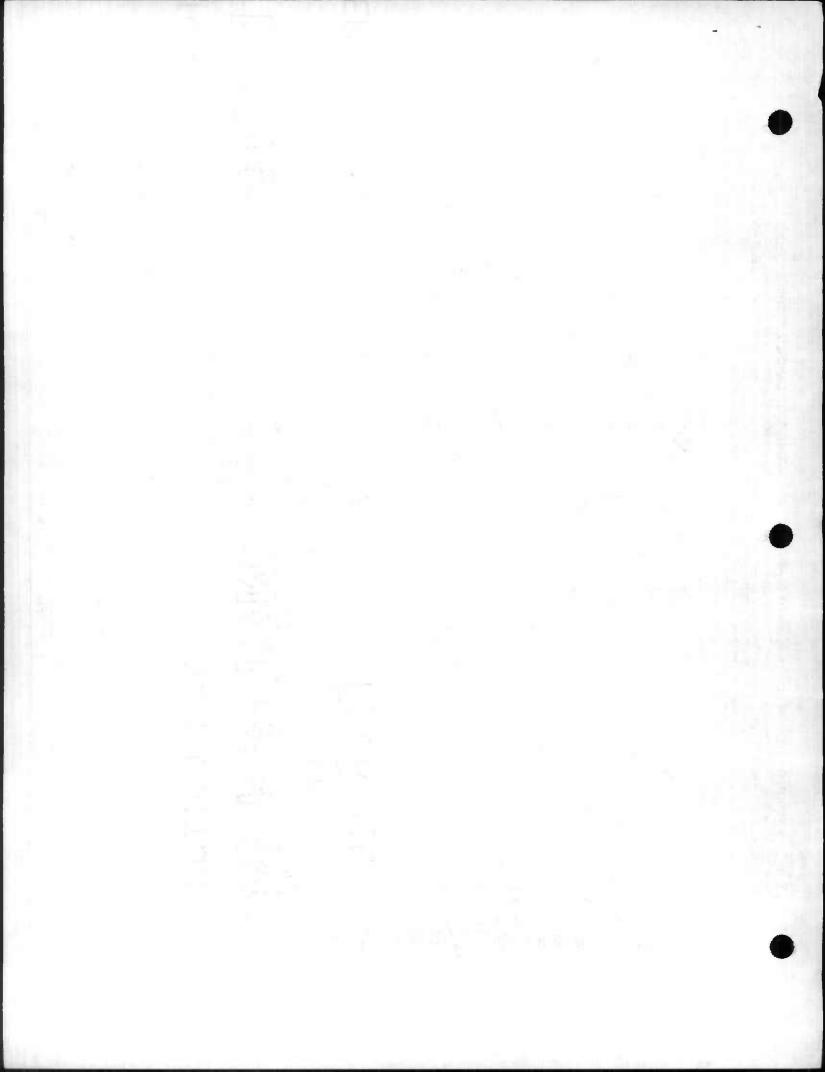


BALTIMORE, MARYLAND 21215-0020	INSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should nith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HISSPIEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2%	TO THE TRY RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	Item4 3-14-91 FilmG673				91	05478
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIENE REG. NO.	
FUNERAL DIRECTOR	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 4 217-26-7335 90. FACILITY NAME (If not institution, give street) PRESIDENCE OF DECEDENT 100. STATE 100. STREET AND NUMBER 29 04 DUNCH	BIZAND S. SEX S. AGE (In yrs. lest OF BALTIMO) OF BALTIMO OMORE	t birthday) IF UNDER YRS. MONTHS 9b. CITY 10c. CITY, TOWN Cincle	AT YEAR IF UNDER 24 HRS. DAYS HOURS MIN. (, TOWN OR LOCATION OF D A HOURS OR LOCATION OR LOCATION OR LOCATION JMORE 101, ZIP CODE	REG. NO. 2. DATE OF DEATH MONTH DAY F2 6 88 7. DATE OF BIPTH (Month, Day, Year) EATH 9c: COU	3. TIME OF DEATH 1730 H7M 8. BIRTHPLACE (State or Foreign Country) WEW YORK NTY OF DEATH A H MA FE C + 4 10d. INSIDE CITY LIMITS? 1 YES 2 MO IZEN OF WHAT COUNTRY?
BE COMPLETED BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) HARRY HILE: 19e. INFORMANT'S NAME (Type/Print)	N B RAND	CEDENT'S USUAL C tive kind of work done Do NOT use retired.)	If yes, specify Cuban, Maxico 1 VES 2 NO Specific CCUPATION during most of working 18. MOTHER'S NA		, UE n
01	Pracerc C. HIND. 20e. METHOD OF DISPOSITION 1 Description 1 Gremetion 3 Remove 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN ** Muchael P. M.	al from State 20b. PLACE of cametary,	AND DATE OF DISI	place)	BATE 200. LOCATION - BATI BATION	2/207 City or Town, State More, MD. Hoine, INC +, MD 2/208
NO	23. PART I. Enter the diseases, or conshock, or heart feiture. Lie iMMEDIATE CAUSE (Final disease or condition resulting in deeth) s.	mplications that caused the dest only one cause on each line Myocanini DUE TO (OR AS A CONSECTION OF A CON	DUENCE OFFI:	Anction Bleed	ch es cerdisc or respiratory se	Approximata Interval Between Onset and Death 2-26-91 2-26-91
L CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A CONSECUTION OF A	DUENCE OF:	I Interry		12-28-90 12-28-90
PHYSICIAN: MEDICAL	Bilgteral RENALF	Intery Bypass	Sugar	28. PLACE OF DEATH (C	PERFORMED? 1 YES 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY		HOSPITAL: Finpetient 2	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	Other (Specify) 28d. DESCRIBE HOW INJURY OF 28f. LOCATION (Street and Number City or Town, State)	
TO BE COMPLETED	2 MEDICAL EXAMINER: 296 SIGNATURE AND TITLE OF CERTIFIER	AN: To the best of my knowledge, de On the basic of examination end/or	Investigation, in my	opinion, death occured at the	e time, date and place, end due to	

	Colert	Alley (Trestandon)	
ľ	NAME AND ADDRESS	OF PERSON WIND COMPLETED CAUSE OF DEATH VITEM 27) (Topo Print	ė

25 CIN UD 560/ Lock RAVEN B 32. REGISTRAR'S SIGNATURE. Lavidson-Randelle.





DIVISION OF VITAL RECORDS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4201 PATTERSON AVENUE • BALTIMORE, MARYLAND 21215

William Donald Schaefer, Governor

Adele Wilzack, R.N., M.S., Secretary

March 14, 1991

For The Record:

The Division of Vital Records contacted the Social Security Administration regarding a correct social security number for Lucille Hilenbrand (Deceased). We were informed by Mr. Bert Bachrach, Claims Representative of SSA, Randallstown, Maryland that the correct social security number for the above named individual was 217-26-7335.

I certify that this information is correct to the best of my knowledge and in accordance with the information provided me by the SSA representative.

> Irvin Krieger Acting Chief

Division of Vital Records

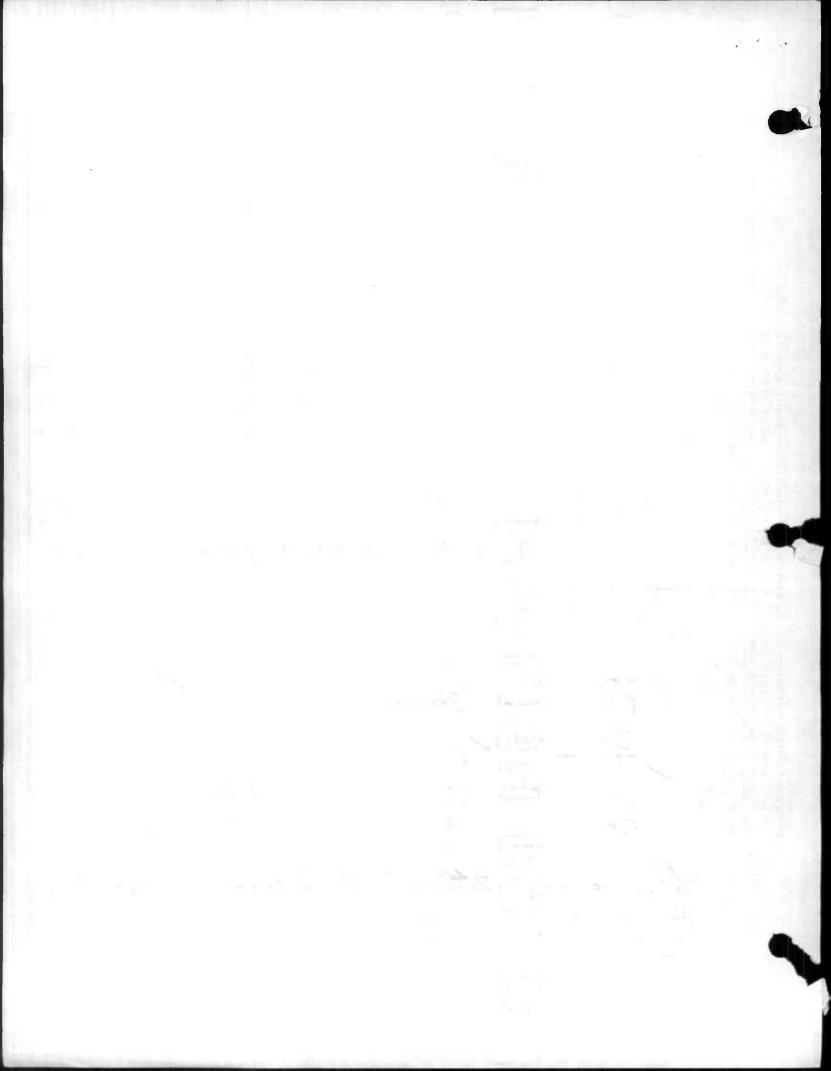
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 more after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Debt. of Health and Mental Horiene prior to build. Compation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENE					
	1. DECEDENT'S NAME (First, Middle, Last) Hans Juerger	Helmbr				2. DATE OF DEATH MONTH DAY 2-27-91	YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 219 -40-3968	8. AGE (N	yrs. last birthday)YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-23-42	Count	HPLACE (State or Foreign lay) many			
TOR	9a. FACILITY NAME (If not institution, give atree Sinai Hospital RESIDENCE OF DECEDENT	t and number)			imore	EATH 9c. (COUNTY OF I	DEATH			
DIREC	10a. STATE 10b. COUNTY	timore	10c. CITY	Baltim				10d. INSIDE CITY LIMITS? 1 YES ZO NO			
ERAL	100. STREET AND NUMBER 8408 Avery Road	l		101	2123	2491	U.S.	WHAT COUNTRY? A.			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	25 NO	If yes, sp		NC ORIGIN? (Specify Yes or No n, Puerto Rican, etc.)	14. RAC Blac Spec	E — American Indian, ck, Whita, etc. cHy: White			
BE COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12) 12th GRade		16a. DECEDENT'S ((Give kind of w) (He. Do NOT use) Security	ork done during mo retired.)	st of working	Pinkerton S		ty ACongy			
COM	17. FATHER'S NAME (First, Middle, Last)	1	security	ULTIC	16. MOTHER'S NA	ME (First, Middle, Malden Surner		ty Agency			
TO BE	Wilhelm Helmb					Route Number, City or Town, State		27			
	Barbara M. Helmbr 20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove	20b	PLACE AND DATE	OF DISPOSITION	(Name	imore, Marylar	N — City or T	own, State			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	h Turns	Gardens	22. NAME A	ID ADDRESS OF FA	CILITY		air Road			
	23. PART I. Enter the diseases, or con abock, or heert fellure. Lie	nplications that caused	the death. Do n					Approximate 00			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	A cute DUE TO (OR AS A	CONSEQUENCE OF	dial I	nfarction	on / Cardiac	Arres	Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other aignificant conditiona Diabetes Me Penpheral V	contributing to desth be			g cause given in	Part I. 24a. WAS AN AUTO PERFORMED? 1 PYES 2 W		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (C)	neck only one)					
PHYSICIAN:	1 YES 2 AND 1	IOSPITAL:		OTHER: 4 - Nursing Hon	ne 5 - Rasidence	6 Other (Specify)		21/3			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIMI INJ	M 1 🗆	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW INJURY					
	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, factory, offic	•	26f. LOCATION (Street and Nu City or Town, State)	imber or Rural	Route Number,			
COMPLETED	Torroom oray					to the cause(a) and manner a time, data and place, and due		(a) and manner sa stated.			
TO BE C	296. SIMPATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	29c. LICENSE NU D18	MBER 29d.	DATE SIGNE	28/9/			
	Richard Wi 31. DATE FILED (MONTH, Day, Your) MAR 04 1991 gr	B. Hrck 32. BEGISTRAR'S SIGN Ma Saundson-Ra	MP ATURE Indule								



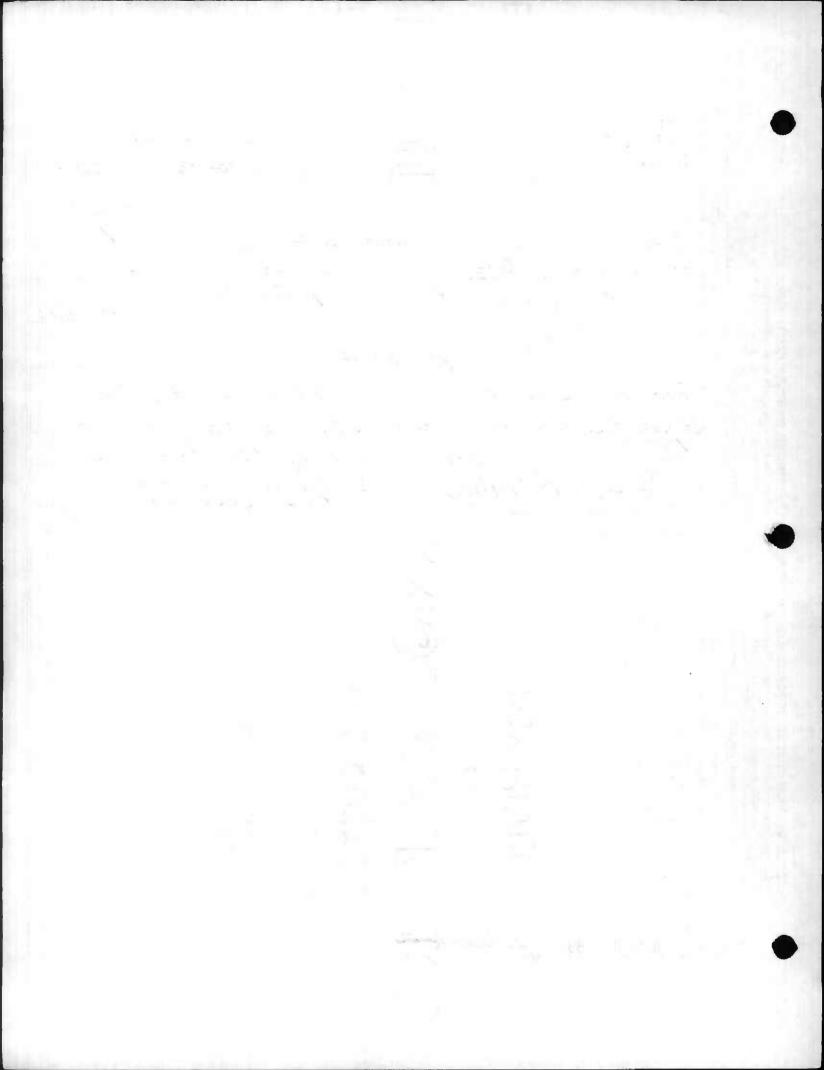


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E-HOSPITA	FUNE	WITHIN	IMPORTANT: It item 28 is marked, or item 23 sl
TO THE	ET C	be filed	MPOR

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MENTA	L HYGIE REG. N		1	03400
9000	1. DECEDENT'S NAME (First, Middle, Last) ACH AON H	a.m.morr	ds.	-	7 -				2. DATE MONT		DAY	1991	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-40-2481	5. SEX 1 ☐ M 2 ☑ F	B. AGE (In yrs. lest	birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	(Mont	OF BIRTH	43	Countr	PROLINA
TOR	90. FACILITY NAME (If not institution, give si Frances Sc RESIDENCE OF DECEDENT		1	¥	9b. CITY		1	ON OF DE			9c. CO	UNTY OF D	EATH
DIRECTOR	106. STATE 106. COUNTY			10c. CIT	Y, TOWN O	in	ore	2					10d. INSIDE CITY LMITS? 1 YES 2 NO
FUNERAL	35 N. MiHO	A AL) F. IT EVER IN U.S. ABI	MED	112		218 218	224	+	12 (Specific	10g. Cl	US4	VHAT COUNTRY? E — American Indian,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 N MAR OR DATES	0		If yes, sp	ecity Qub		n, Puerto	Rican, etc.)	100	Black	k, White, atc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		(GI	ve kind of Do NOT u	work done se retired.)	during mo	ON ist of work	ing	168	. KIND OF I	JUSINESS/IN	IDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) FRANK JO	nning	3				18. MOT	THER'S NAI	ME (First,	Middle, Meld	en Surname) Uder	emi	ik
TOE	190. INFORMANT'S NAME (Typo/Print) AMES Roheet 200. METHOD OF DISPOSITION	SCOTH	6	251	1. /	Mit	ton	OF RURAL F	EL	BAHE	own, State, 2	70. 2	21224
	1 Suriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		20b. PLACE ox cemetary,		or other	EME	TEK	OF FA	36	19/ 200.	BA H	to.	MD.
	· Kathleen						JAR.	5.	0	hes	Ler	St.	
	23. PART I. Entér tha diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ca	TO CALL DO OR AS A CONSECU	1AL	11				h as car	diac or re	spiratory s	rrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSEC										
PHYSICIAN: MEDICAL CE	PART II. Other significant condition Diabeter Lypetenson	s contributing to	o death but not r	esulting	in the u	ndariyin	g cause	given in	Part I.	PERI	AN AUTOPS FORMED?	Y 24	b. WERE AUTOPSY FINDINOS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE	R:		DEATH (Ch	,	,			
ву РНУ	27. MANNER OF DEATH 1 Naturel 8 Pending 2 Accident Investigation		Day, Year)		JURY	1 🗆	JURY AT DRK? YES 2	□ NO	28d. DE	SCRIBE HO	W INJURY O	CCURED	
COMPLETED	3 Suicide 8 Could not be determined	building	OF INJURY At he						City	or Town, St	eto)		Floute Number,
	(Check only one) 2 MEDICAL EXAMINE	R: On the basie of					death occ	ured at the	time, dat		end due to	the cause(
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	all	- MD	Man de	o Chiati	Z	29c. LK	HO	371		29d. D	2 29	(Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
MAR 0 4 1991



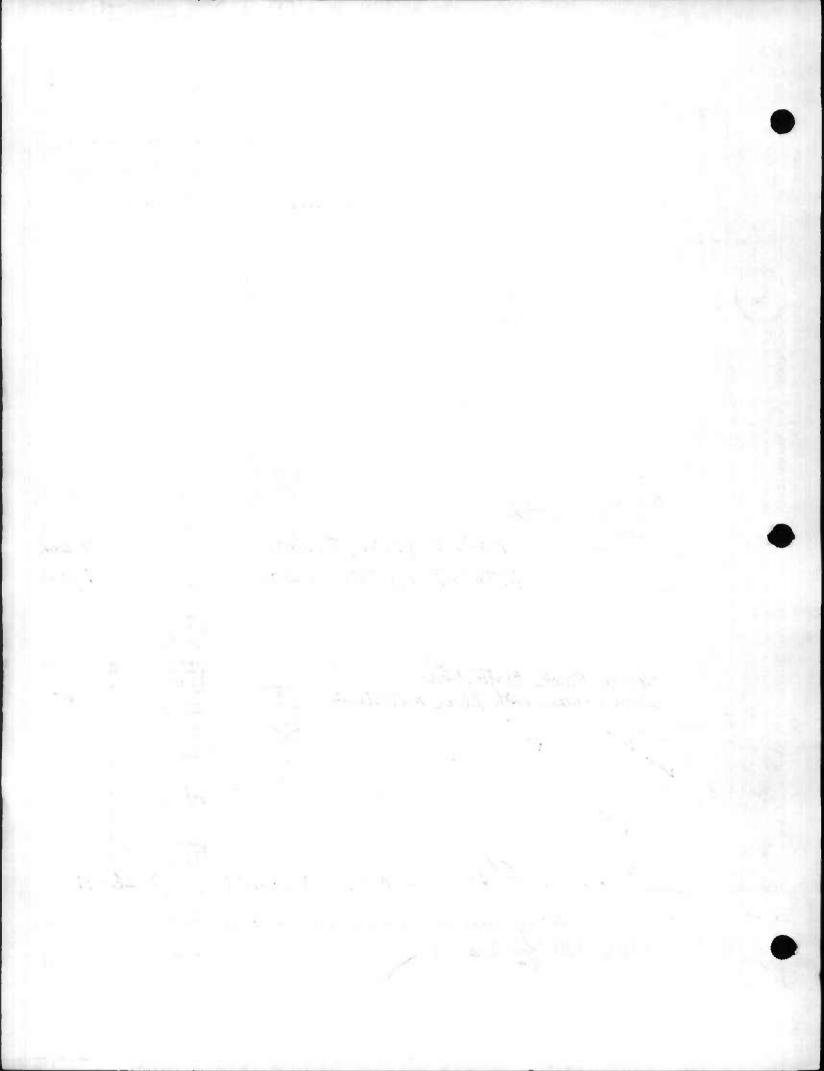
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THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Security after death. Page 6 may be retained by the	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be der e filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to bunal, cremation, or removal,
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	1 - FOR STATE OF MARY LAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R. STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 91 05481
	1. DECEDENT'S NAME (First, Migdia, Last) ARTUR. HAND 2. DATE OF DEATH 3/2/91 MONTH DAY 0.3 - 2 - 91 12 18 AM
	4. SOCIAL SECURITY NUMBER 178-05-2494 5. SEX 1
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
TOR TOR	Howard County General Hosp Columbia Howard
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
1	PENNSYLVANIA NORTHUMBERLAND SHAMOKIN 1 yes 2 no 106. Street and number 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?
ERA	36 NORTH SECOND STREET 17872 U.S.A.
FUNERAL	11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 12. WAS OECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, Black, White, stc. 15. YES, GIVE WAR OR DATES 11. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, Black, White, stc. 15. YES, GIVE WAR OR DATES 16. YES 2 NO Specify: 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 18. RACE — American Indian, Black, White, stc. 19. YES 2 NO Specify:
D BY	3 Wildowed 4 Divorced
m	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Elementary/Secondary (0-12) College (1-4 or 5 +)
COMPLET	8 HOME MAKER OWN HOME
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) PETER SCOVERN ANTOINETTE AUCUSTINE
BE	PETER SCOVERN ANTOINETTE AUGUSTINE 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
٤	EDWARD SCOVERN (BROTHER) 8113 VALLEY LANE ELLICOTT CITY MARYLAND 21043
	20e. METHOD OF DISPOSITION 1 REBuriel 2 Cremetion 3 Removed from State 4 Donetion 5 Other Repeated 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or other place) ODD FELLOWS CEMETERY 3/5/91 SHAMOKIN PA.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	LEROY M. & RUSSELL C. WITZKE FUNERAL HOME OF COLUMBIA 5555 TWIN KNOLLS ROAD COLUMBIA MD. 21045
	23. PART I. Enter the diseases, or compilcations that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heert fellure. Liet only one cause on sech line.
	IMMEDIATE CAUSE (Final disease or condition) Onest and Death
	resulting in daeth) a. DUE TO (OR AS A CONSEQUENCE OF):
N	Sequentially list conditions, S. Carany Alexy Declary
ĂŢ	If any, leading to immediate couse. Enter UNDERLYING
E	CAUSE (Disease or injury their initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	resulting in deeth) LAST
CAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24e. WAS AN AUTOPSY PREFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO
MEDIC	The solution of cause of Death? 1 The solution of Cause of Death?
2	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)
HYS	1 YES 2 NO 11 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 286. IME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
ВУР	Netural 5 Pending (Month, Day, Year) INJURY WORK? 1 YES 2 NO
	3 Suicide Suic
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.
BE CC	296. SIGNATURE AND TITLE OF CERTIFIEM 29d. DATE SIGNED (Mgnth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) HOWARD COUNTY GENERAL HSOPITAL, MD.
	31. DATE FILED (Morrith, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 0 4 1991 Suna Davidson-Rindalle
	MINITUT 1001

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	INSICIAN: The law requires that the death certificate be executed within 25% yours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use with a fine prior to burial, cremation, or removal. The state begins of Heath and Mental Hydiene prior to burial, cremation, or removal. The medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-scours after death. Page 6 may be retained by the hosp TD THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the filled high the filled higher prior to burial, cremation, or removal. **ILLEDGRIANT: If them 28 is marked out them 23 shows any Indirect or other traumatic event. The medical examiner must be notified at once.	

									YEAR	3. TIME OF DEATH			
	THOMAS R				HAGINS, SR				02 26 91		-	5:25 PM M	
	4. SOCIAL SECURITY NUMBER 212 20 4096		5. SEX	6. AGE (In yrs. lest birthday) 65 yrs.		IF UNDER	DAYS			7. DATE OF BIRTH (Month, Day, Year)		Count	**
					,,,,,,	Oh OIT	TOWN	DR LOCATI	ON OF PE	9-5-192	-		cyland
S S	NORTH ARUNI	9a. FACILITY NAME (If not institution, give street and number) NORTH ARUNDEL HOSPITAL ASSOCIATI				96. CITY, TOWN OR LOCATION OF DEATH GLEN BURNIE				A.A. COUNTY			
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY										10d. INSIDE CITY		
DIRECTOR	Maryland		e Arundel			10c. CITY, TOWN OR LOCATION Riviera Beach						LIMITS?	
	10e. STREET AND NUMBER				10f. ZIP CODE				10g. CITIZEN OF WHAT COUN				
ER	249 Kenw	249 Kenwood Road					21122				U.S.A.		
BY FUNERAL	11. MARITAL STATUS 1 □ Never Married 2 ☒ Merried 3 □ Widowed 4 □ Divorced 12. WAS DECEOENT EVER IN U.S. AF FORCES? 1 ☒ YES 2 □ □ F YES, GIVE WAR OR DATES WO'LD WAY II				MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye If yes, specify Cuban, Maxican, Puario Rican, etc.) 1 YES 2 NO Specify:					a or No- 14. RACE - American Indian, Black, White, etc. Specify: White			
	15. DEC	EDENT'S EDU	CATION completed)			USUAL O		ON ost of worldr	307	16b, KIND OF	BUSINESS/II	NDUSTRY	
COMPLETED	Elementary/Secondary (C		College (1-4 or 5	+) life.	Do NOT u	chan		or or worth	w.	Navy	Rese	arch	
MO	17. FATHER'S NAME (First, M							16. MOTI	HER'S NA	ME (First, Middle, Ma			-
BE C			lander L.							Pame11			1
TO B								and Number Road		Poute Number, City of Viera Be			and 21122
	20a. METHOD OF DISPOSITION 1								, Maryland				
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE 13 ma	mison	wsh	22.	Geor	ge J 4001	ss of FA	nce Fune hie Hwy	ral Ho Balt	ome P imore	.A. e, Md. 21225
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate Interval Between Onest and Death												
	IMMEDIATE CAUSE (Final disease or condition resulting in death)					nto	my !	Fai,	lure	<u> </u>	11	3 wee	
NO	disease or condition resulting in death) a. Acute Respiratory Failure Due TO (OR AS A CONSEQUENCE OF): Metastatic Prostate Cancer Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):								1 year				
CATI	If any, leading to immediate cause. Enter UNDERLYING					moderation of j.							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST												
	PART II. Other algoritics	int condition	na contributina to	death but not	resulting	in the "	nderivir	d Cause	given in	Part I. 24n W	S AN AUTOPS	y 24	b. WERE AUTOPSY FINDINGS
CAI	Small	PART II. Other algorificant conditions contributing to death but not not some some some some some some some some								PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	Cancer with liver					Tail	asio			_ ' ' '	S Z DANO		OF DEATH?
ÿ											311-		1 H - 11 - 1
PHYSICIAN:	25. WAS CASE REFERRED T	U MEDICAL	HOSPITAL:	7 FR(0.4		OTHE	R:			eck only one)	1153	-	
HYS	1 YES 2 NO		1 Inpetiant 2 I	FINJURY	26b, TII	ME OF	28c. IN	JURY AT	asidence	6 Other (Specify 28d, DESCRIBE H		CCURED	
Y P	1 Netural 5	Pending Investigation	(Month, L		IN	JURY M	W	WORK?					
TED BY	оПоли	2 Accident 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) City or Town: State)							ber or Rural	Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated.												
BE (7	Jan Hon					D,	1	> 25	431	29d. DATE SIGNEO (Month, Day, Year) 2 -2 4 -91		
5	30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETEO CAL	SE OF DEATH (ITE	M 27) (Typ]			
	DR.LONG S H	SU, M.	D./300 H	OSPITAL	DRIV	/E/GI	EN	BURNI	E. M	ID. 21061	00		
	31. DATE FILED (Month, Day,	100°	32. REGISTR	AR'S SIGNATURE						2.11			



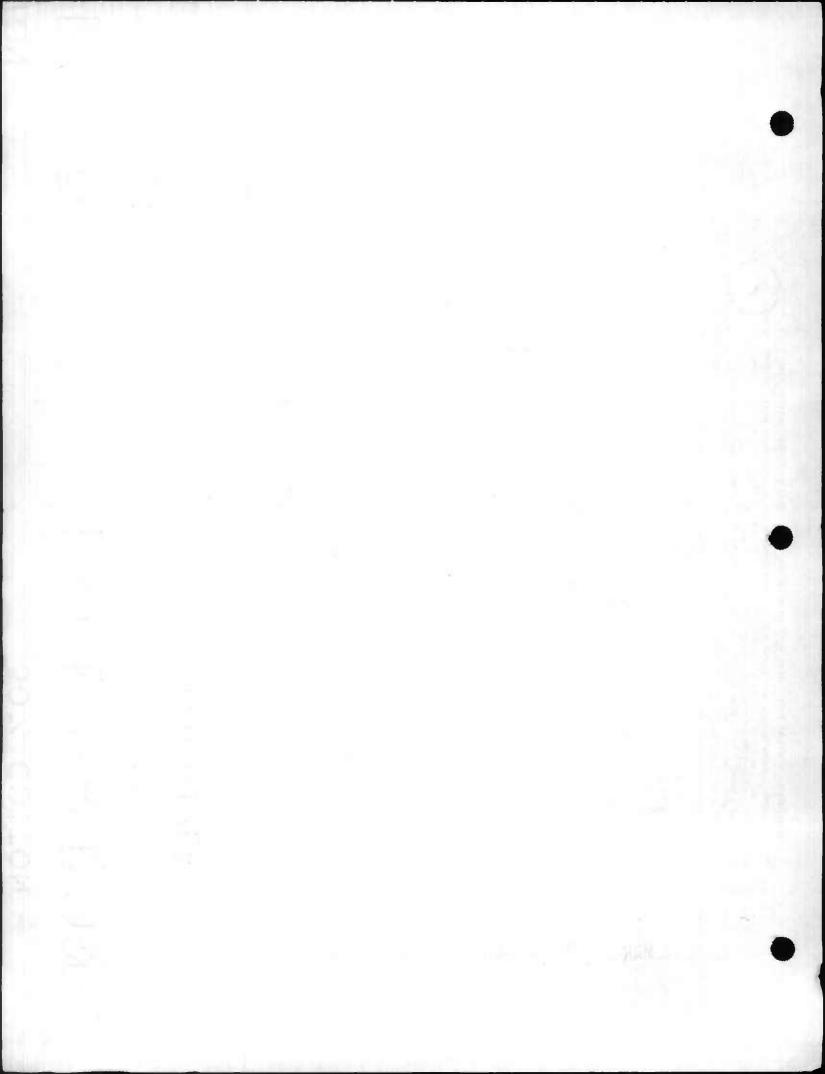
me. Pages 1, 2, 3 should

2		7
DINOUE C		notified
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ector,		must
FUNERAL UMECIUM; After this certificate has been signed by the attending physician and comprehens in by the numeral director, page 3 should be		TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
9	wal.	ale
5	ЭШе	dic
9	6	E
IIII	lon.	he
inpretery	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND E OF DEATH	MENTAL HYGIENE	9 !	05483		
	1. DECEDENT'S NAME (First, Middle, Last,)			2. DATE OF DEATH		3. TIME OF DEATH		
	MARY ELI	ZABETH	HAYDE	N	02 28	91	2:55 PM M		
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE		R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign		
	216 16 3551	1 □ M 2 🔀 F	69 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 6-10-1921		laryland		
1	9a. FACILITY NAME (If not institution, give	street and number)	9b. CIT	Y, TOWN OR LOCATION OF D		9c. COUNTY (
CTOR	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. C								
Ü I	10e. STATE 10b. COUN	TY	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?		
DIR	Maryland Ann	e Arundel	Pasade	na			1 YES 2 NO		
A	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
<u> </u>	7823 South Wes	st Road		21122		U.S	.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED 13	WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic		or No 14, F	RACE — American Indian, Black, White, etc.		
8	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 ☐ YES 2 NO Spec			Specify:		
							White		
ETED	15. DECEDENT'S ED (Specify only highest grad	te completed)	16a. DECEDENT'S USUAL (Give kind of work done	DCCUPATION of during most of working)	16b, KIND OF BUS	INESS/INDUSTI	RY		
4	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)	Cashier)	Depart	ment S	tore		
COMPL			Casiller				COLC		
응	17. FATHER'S NAME (First, Middle, Last)	dward Voss		16. MOTHER'S N	AME (First, Middle, Malden 3				
BE		dward Voss				richardson			
2	19a. INFORMANT'S NAME (Type/Print)			SS (Street and Number or Rural			,		
	Mary Judd			th West Road			and 21122		
	12 Burial 2 Cremation 3 Ra	moval from State of	b. PLACE AND DATE OF DIS cemetary, crematory or other	place)		CATION — City			
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I		Loudon Park		- Dul	:1more,	Maryland		
	In siderione of Foreigne Service	·	,	. NAME AND ADDRESS OF F	nce Funeral	1 Home	P.A.		
	germe zo	ameroush		4001 Rite	chie Hwy. B	altimo:	re, Md. 21225		
	23. PART I. Enter the diseases, or shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause on a		hode			Interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· hoult	Mescully, a consequence of: Al hud- a consequence of:	Ngm fa	'cantroler fore of Go	nge	Zn.		
MEDICAL (PART II. Other significent condition	ons contributing to death i	AUTOPSY MED? NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	Check only one)	-			
Š	1 YES 2 NO	1 Inpetient 2 ER/Out		ursing Home 5 - Residence	6 Other (Specify)	ner (Specify)			
E	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DEŞCRIBE HOW II	NJURY OCCURE	ED		
B	1 Natural 5 Pending 2 Accident Investigation		М	1 YES 2 NO					
	3 Suicide 6 Could not b 4 Homicide determined	3 Suicide 6 Could not be 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number of Street and Number or Rural Route Number of Street and Number or Rural Route Number of Street and Number or Rural Route Number or Rural Rou							
COMPLETED	29e. CERTIFIER (Check only One) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
BE	29b. SIGNATURE AND TITLE OF CENTER	ER /	1 1 /	29c. LICENSE N	UMBER	29d. DATE SIG	GNED (Month, Day, Year)		
2	peu u	the 1 "	-, cul-	MA)	7640	12	128/7/		
-	PAUL M. ROSOFF,			Y, SOUTHEAST	/GLEN BURNI	E, MAR	YLAND 21061		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE						
		(Month, Dey, Year) - 32. REGISTRAR'S SIGNATURE							

05483

DHMH-16 Rev 1/89



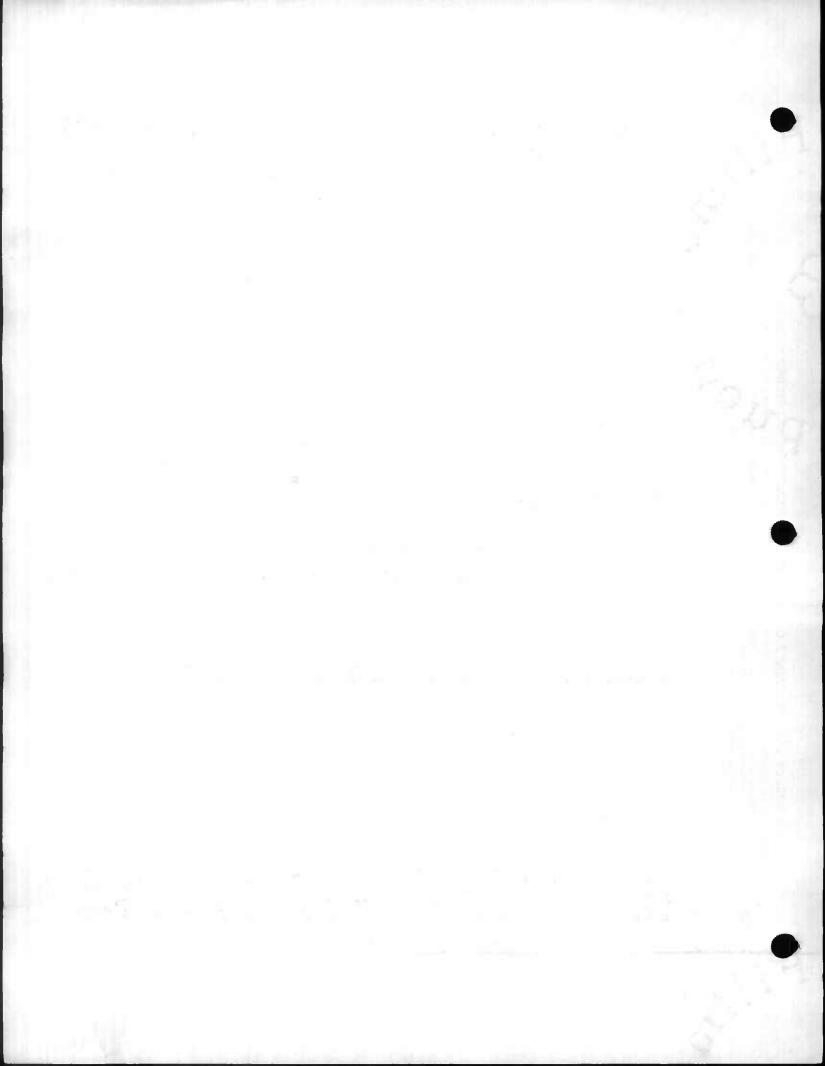
TO THE HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Associated and the first death. Page 5 may be retained by the insteading physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENE REG. NO.		00404	
1. DECEDENT'S NAME (First, Middle, Las	- 12				2. DATE OF DEATH DAY	ع الم	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIF	THPLACE (State or Foreign intry)	
212-32-5164	1V M 2 🗆 F	89 YRS. MO	INTHS DAYS	HOURA MIN.	01/22/02	(arvland		
9a. FACILITY NAME (If not institution, give	street and number)	98	b. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY OF	DEATH	
St. Agnes Hospi	tal		Baltim	ore				
10e. STATE 10b. COUN		10c. CITY, T	OWN OR LOCATIO	ON			10d. INSIGE CITY	
	ltimore		Arbut			1 TYES 2 NO		
100. STREET AND NUMBER			101.	ZIP COOE		10g. CITIZEN OF WHAT COUNTRY?		
1250 Stevens Av	'ENUE 12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECE	21227	HC ORIGIN? (Specify Year	ACE — American Indian,		
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO		ify Cuban, Mexica	n, Puerto Ricen, atc.)	В	eck, White, atc. White	
15. DECEDENT'S EI		16a. DECEDENT'S US			16b. KINO OF BUSI	NESS/INDUSTRY	,	
(Specify only highest gra	de completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	k done during most etired.)	of working				
4		Firefic	ghter		Coun	ty Gov	t	
17. FATHER'S NAME (First, Middle, Last)			- 79	18. MOTHER'S NA	ME (First, Middle, Maiden S	urname)		
Jeff Houck		Ton						
19a. INFORMANT'S NAME (Type/Print)		12 YOUR SEC.			Route Number, City or Town.			
Catherine Dash	20	2106 G			Baltimore.	Md 21 ATION — City of		
1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	other place)				300		
21. SIGNATURE OF FUNERAL SERVICE	LICENSES	AGUGGIT PA	22. NAME AND	ADDRESS OF FA	CILITY		, Maryland	
122	11	- Se			eral Home, Spring Rd.		us. Md. 2122	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Sequentially list conditions, If any, leading to immediate Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):							
CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	A CONSEQUENCE OF):						
PART II. Other significant condit	one contributing to deeth I		-		Part I. 24a, WAS AN / PERFORM	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH	
25. WAS CASE REFERRED TO MEDICAL				CE OF OEATH (C)	neck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA 4	THER:	5 🗆 Rasidenca	6 Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (26b. TIME OF 18c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJU			JURY OCCURE	URY OCCURED	
3 Suicide 6 Could not	Accident Investigation Accident Investigation Selected Selec							
one)	YSICIAN: To the best of my know						se(a) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIF	TIER -4	1 4		29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)	
Best F.	Morlon	miD		DO8	949	► MA	RCH 3, 1991	
30. NAME AND ADDRESS OF PERSON BERTE	MORTON,	EATH (ITEM 27) (Type, Pi	S'erint)	T. AGA	ues Hosa	PITHE,	BALTO.	
31. DATE FILEO (Month, Day, Year) MAR 0 4	32. REGISTRAR'S SIG	nature widson-Randa	elle.					





05485

1 - STATE REGISTRAR		CE	RTIFICAT	E OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) LAMONT	JEROME		JAC	KSON		2. DATE O	17 DAY	199 YEAR	3. TIME OF DEATH
	5. SEX 6.	AGE (In yrs. last	VRS. IF UND	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year) 1/70	Cou	THPLACE (State or Foreign intry) Tyland
9a. FACILITY NAME (If not institution, give stre PRINCE GEORGE H		96. CITY, TOWN OR LOCATION OF DEATH CHEVERLY					9c. COUNTY OF DEATH PRINCE GEORGES		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md.	P.G.		10c. CITY, TOWN		TION				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	1.0.		Баппа		f. ZIP CODE		100	a CITIZEN OF	1 VES 2 NO
3042 Brightsea	t Rd. #	301			20706	5		U.	
11. MARITAL STATUS 1.XXVever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES XXN		If yes, sp	DENDENT OF HISPAI Hecity Cuban, Mexico 5 2 1 NO Specif	n, Puerto Ri		Ble	CE — American Indian, ack, Whita, atc. ec/ly: Black
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		(GA	EDENT'S USUAL to kind of work don Do NOT use retired	e during m	ost of working	16b. (KIND OF BUSINES	SS/INDUSTRY	
12th 17. FATHER'S NAME (First, Middle, Last)			Unemp	Loye	18. MOTHER'S NA	ME (First, Mi	ddle, Malden Sum	None	
Calvin Hall							. Jack		
19a. INFORMANT'S NAME (Type/Print)					and Number or Rural		or, City or Town, St	ate, Zip Code)	
Louise M. Jacks 20a. METHOD OF DISPOSITION Wilburlal 2 Cremation 3 Remov		20b. PLACE	AND DATE OF DIS	POSITION		DATE		ON — City or	1 - 1 - 1
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		onyMem.	Par	k 2/	2 3/9	1 Land	lover	. Md .
- Sarry	N. 5	rat	7	1925	Washing Burrog	ton	& Sons	Inc E.	•
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSECUTION AS A	UENCE OF):	ON STATE OF THE ST	Ches	\			Onset and Death
PART II. Other algnificent conditions	contributing to de	eth but not n	eaulting in the	underlylr	g ceuse given in		24a. WAS AN AUT PERFORMED 1 YES 2	07	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C)	heck only one)		
1 X YES 2 NO	HOSPITAL:			ursing Hor	ne 5 🗆 Rasidenca				
1 Natural 5 Pending 2 Accident Investigation	2 Accident Investigation 2-17-1991 9:50 AT 1 TES 2 X NO SUBJECT WAS SHOT								
3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office ON THE STREET 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1105 CAPITALVIEW WAY									
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI									e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	Jalle (A	id !		29c. LICENSE NU	Name and Address of the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Ow	29	- /1.	(Month, Day, Year)
MARYO F- GOLU	一大小	uo!	4 27) (Type, Print)	PEN	N ST.	BAL	216 M	ND 2	-120
31. DATE FILED (MONth, Day, Year) MAR 4 1991	32. REGISTRAR'S	S SIGNATURE	dill						
	0								ΔSP DHMH-16 Rev 1/85

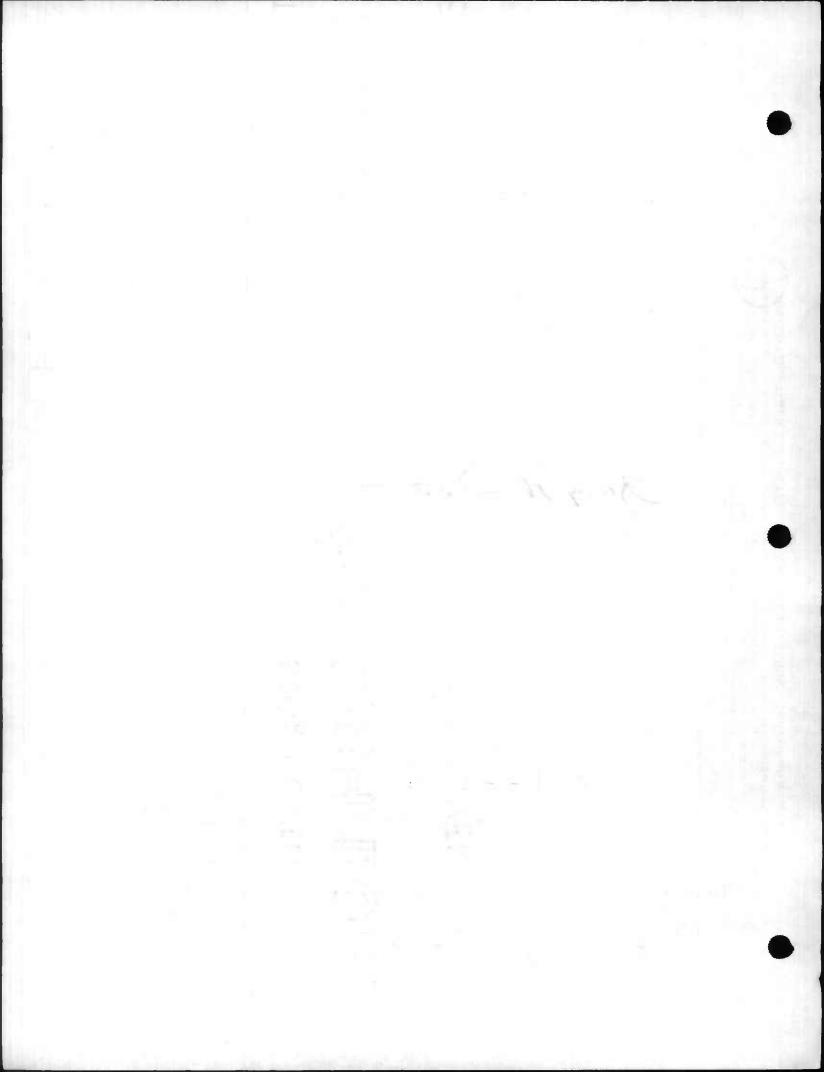
BALTIMORE, MARYLAND 21215-00

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use at the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a modern director, page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

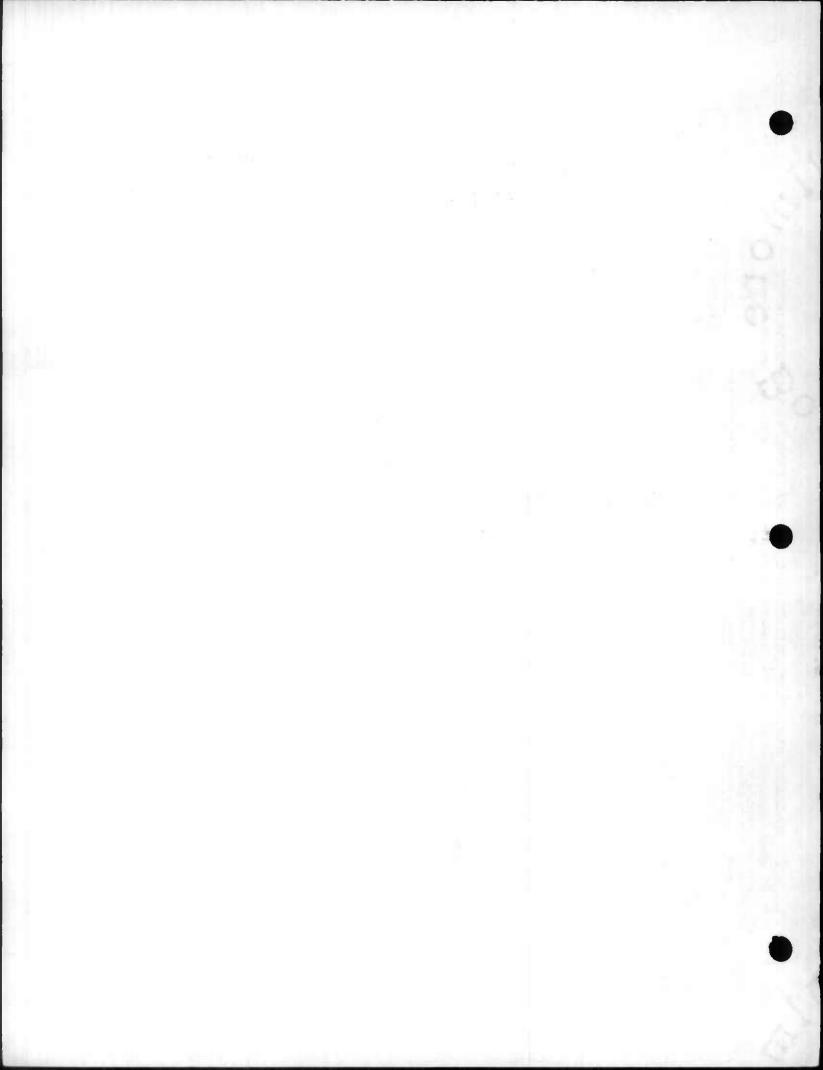
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			E	RTIFICATE	0	F DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN			MENTAL	HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATN			TIME OF DEATN
	HAZEL M KERLIN					MONTH 2	24	91	AH	8:20am M
	4. SOCIAL SECURITY NUMBER 5	S. SEX 8. AGE (In yrs.		R 1 YEAR	IF UNDER 24 HRS.	7. DATE (BIRTHPLA	CE (State or Foreign
	170-12-8194	□ M 2 😡 F 🤇	O YRS. MONTHS	DAYS	HOURS MIN.	12	12/00			na. Penna.
- 1	9e. FACILITY NAME (If not institution, give street	it and number)	9b. CIT	Y, TOWN O	R LOCATION OF DE	ATN		9c. COUNTY	OF DEATH	
OR	CHURCH HOSPITAL	CORPORATIO	ON I	BALT	IMORE			BAL	TIM	ORE
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY, TOWN	OR LOCAT	ION				104	I. INSIDE CITY
DIRECTOR		ltimore	BAL							LIMITS?
	10e. STREET AND NUMBER	.cimore	DAD.		ZIP CODE		1	10g. CITIZEN		71
FUNERAL	Eastpoint Nursing H	Home 1046 01d	North Poi	nt R	nad	21224	. I	II (S.A.	
3		2. WAS DECEDENT EVER IN U.S.	ARMED 13.	WAS DEC	ENDENT OF HISPAN	IC ORIGIN	? (Specify Yee	or No 14.	RACE	American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2	Жио		2 NO Specify		ican, etc.)		Black, WI Specify:	hite, atc.
ВУ	3 Wildowed 4 Divorced				71					White
Ĭ.	15. DECEDENT'S EDUCAT (Specify only highest grade co		Give kind of work done life. Do NOT use retired.)	during mo	N st of working	16b.	KIND OF BUS	INESS/INDUST	RY	
1	Elementary/Secondary (0-12)	College (1-4 or 5+)								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Housewi	te	18. MOTHER'S NA	NF 452-1 1	Bladds Ad-Ideas	Home		
	UNKNOWN				16. MUINER S NA	MIC (FRSI, N				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	S (Street a	nd Number or Rural F	Boute Numb	UNKNOV	State Zin Cod	(e)	
2	Larry Burns		196. MAILING ADDRES	22/	57 Albati	rose	Ave Mei	maid I	Beach	h, 4218 Australia
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremetton 3 Remove	20b. PLA	CE OF DISPOSITION (A	leme of cen	netery, crematory or		20c, LO	CATION - City	or Town,	State
	1 N Buriel 2 Cremetion 3 Remove 4 Donatton 6 Other (Specify)	al from State Oak	Ridge Cem	eter	y.		A1+	ona I	Panne	sylvania
	21. SIGNATURE OF FUNERAL SERVICE LICES		22	. NAME A	ID ADDRESS OF FA					Syrvaura
- 6	Ma 13m	I who			zinski Fu				56.1	01001
	23. PART II. Enter the diseases, or con	mplications that caused tha	death. Do not anta	r tha mo	Old Easte	h as card	lisc or respi	atory srrest.	e Ma	Approximate
	shock, or heart fallure. Lit	only one cause on each i	line.		1					Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	5012111	re di	CAV	COLURI	דת י	CODDE	D		7 weeks
	resulting in death) s.	DUE TO (OR AS A CON	ISEOUENCE OF):	, ,	OFFICIAL	בע ב	DOIOE	IIX		0 00 0013
z	C 6.									
E	Sequentielly list conditions, if eny, lasding to immediats	DUE TO (OR AS A CON	ISEOUENCE OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CON	eroumier en							
	that initiated events resulting in death) LAST	DUE TO LOW AS A COM	ISEQUENCE OF):							
CERTIFICATION	d.,									
CAL	PART II. Other significant conditions	contributing to death but ne	ot resulting in the u	ınderiyin	g csuse given in	Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
							1 YES 2		CO	MPLETION DF CAUSE DEATH?
ME									1[YES 2 NO
ż										
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ		ACE OF DEATH (Ch	eck only or	10)			
YSI	1 TES E NO	Inpatient 2 ER/Outpatien	n 3 DOA 4 N	ursing Horr	e 5 🗆 Residence					
	27. MANNEY OF DEATN 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY		PRK?	28d. DES	CRIBE HOW I	NJURY OCCUR	ED	
ВУ	2 Accident Investigation	26e. PLACE OF INJURY — A	I home form street to		YES 2 NO	201 1.00	ATHON (Street	and Number or F	Drumi Doub	Alumbar
	3 Suicide 6 Could not be determined	building, etc. (Specify)		ctory, orne			or Town, State)	Ind Namoer or P	noral moun	Number,
COMPLETED	29e. CERTIFIER	m - Interded by a contract of	EVEN CLUB SOAS					-		
MP	cont only	AN: To the best of my knowledge On the basis of examination and							nuna/a) ar	nd manner on stated
		On the book of examination and	and investigation, at my	opinion, c			end place, en			-
BE	296. SIGNATURE AND TITLE OF CERTIFIER	in MID			29c. LICENSE NUI	MBER 107 L	r	29d. DATE SI	75	4191
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATN	(ITEM 27) (Time Print)		707	03			1	44
	Time the	Ichow M	10 0	rur	ch Ha	chi	fal o	HURCH	но	SPITAL
1	31. DATE FILED (Migrati, April (1947)	32 MERCHENDER'S SIGNATURE	NE .	w r	010	3 11	41		-1.0	
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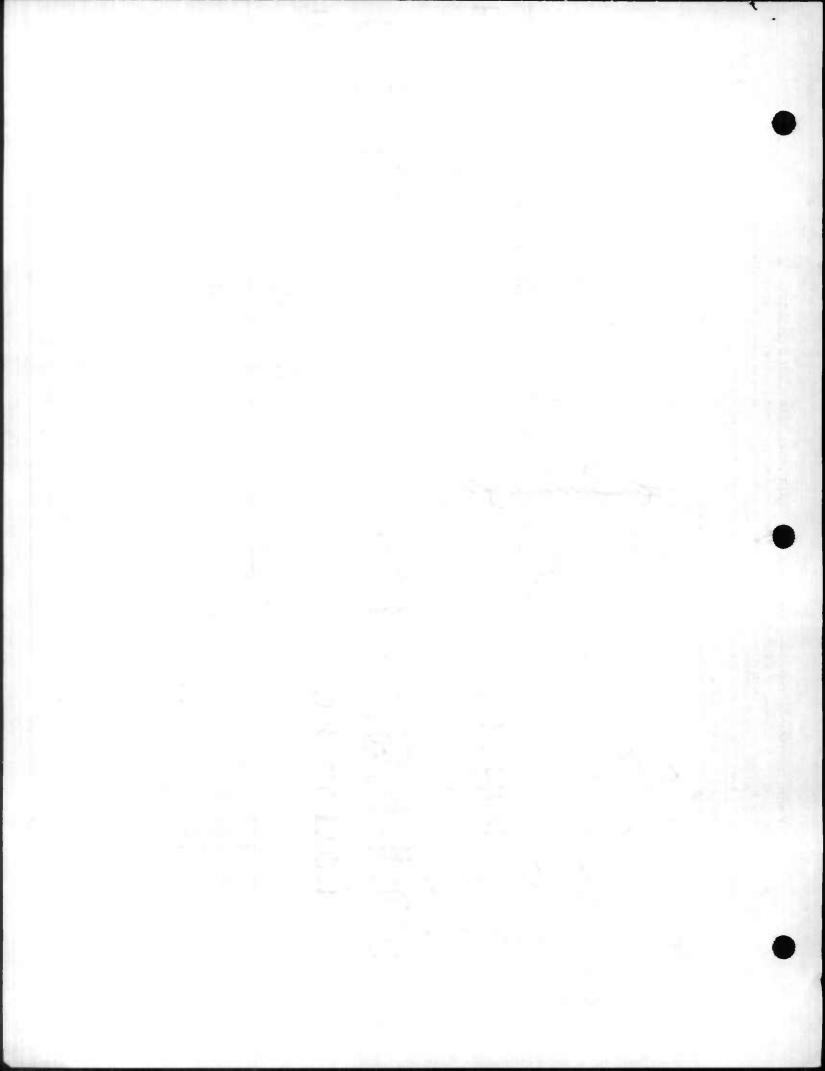
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Li			ICATE OF		2. DATE OF OEATH MONTH FEBRUARY	28, 1	YEAR !	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	HOLLIS WEBST	TER KINS (In yrs. last birthday)	EY F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTH	12.15 A.
213 05-8779	1 X M 2 □ F 82	2 YRS.	MONTHS DAYS	HOURS MIN.	JAN. 13,		MA	RYLAND
9a. FACILITY NAME (If not institution, g SUMMIT NURSING RESIDENCE OF DECEDENT	HOME		96. CITY, TOWN C	OR LOCATION OF DI	EATH		TIMO	
10a. BTATE 10b. CO			Y, TOWN OR LOCATONSVI	LLE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
236 GLENMORE A	VENUE		10	21228			J.S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR	S 2 NO	If yes, sp		NIC ORIGIN? (Specify an, Puerto Rican, etc.) ly:	Yea or No-	14. RACI Black Spec	E — American Indian, k, White, atc. WHITE
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during me se retired.) AC SOR/COST	counting	166. KIND OF E		OUSTRY	
17. FATHER'S NAME (First, Middle, Last,	ALFRED	KINSEY			AME (First, Middle, Maid			
19a. INFORMANT'S NAME (Type/Print) HELEN KINSEY	(WIFE)	LA California	GLENMORE		Route Number, City or 1			LAND 21228
20a, METHOD OF DISPOSITION 1 Number 2 Cremetion 3 1	Removal from State	20b. PLACE ANO OAT		N (Name	OATE 20c.	LOCATION -	- City or To	own, Slata
4 Donation 5 Other (Specify)	The state of the s	ST. JOHN	S CEMETE	$\mathbf{E}\mathbf{R}\mathbf{Y}$		ELLIC	OTT C	ITY, MD.
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE.	-//	22. NAME A	ND ADDRESS OF FA	CILITY			
23. PART I. Enter the disesses,	or complications that cause	ed the deeth. Do	LEROY 1630 I	M. & RUS EDMONDSON	SSELL C. V N AVENUE, (VITZKI CATONS	E FUN	E, MD. 21228 Approximate
23. PART I. Enter the disesses,	or complications that cause ure. List only one cause on DUE TO (OR AS	ed the deeth. Do	22. NAME A LEROY 1630 I not enter the mo	M. & RUS EDMONDSON	SSELL C. V N AVENUE, (VITZKI CATONS	E FUN	Approximate Interval Between
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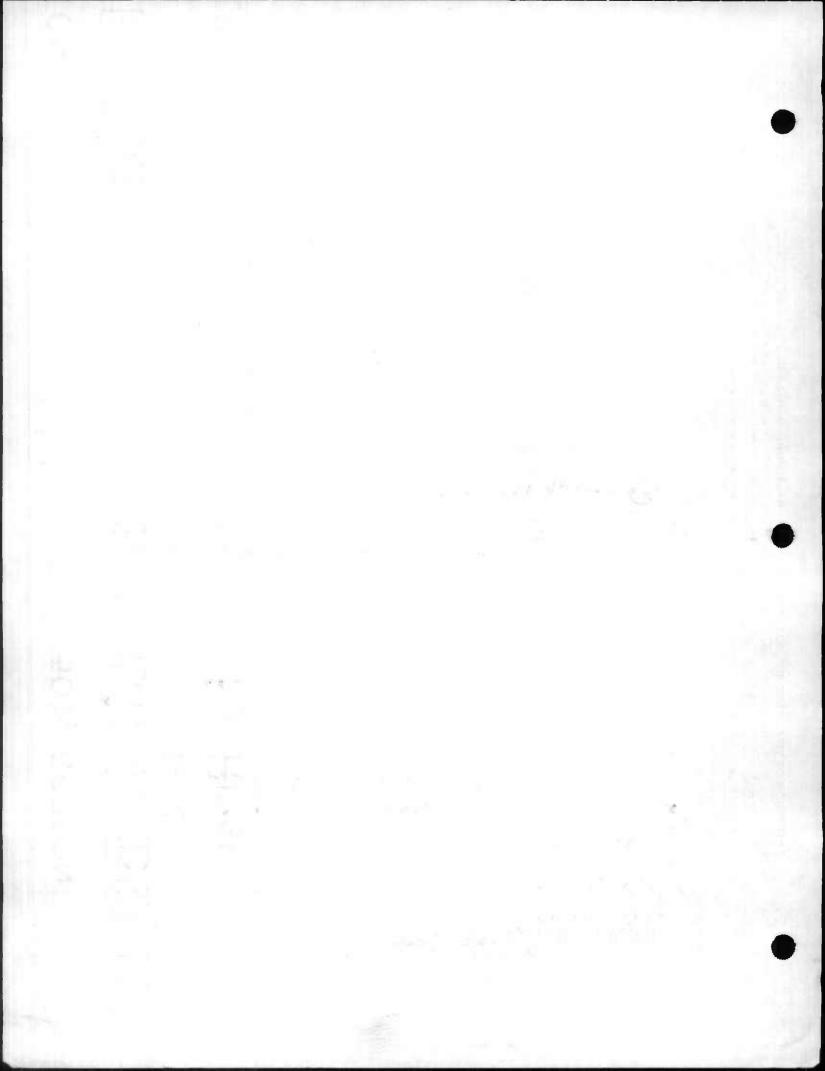
TO THE HOSTING ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSTING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or remonal.

TO THE HOSTING STATE THE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYL	AND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			CE	ERTIFICATE	O	F DEAT	TH		REG. NO.

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4 SOCIAL SCHEET HAMMERY 23 4-44-6935 Law F 59 yrs and semond Fallent Hammer Law F 100 for gratin Marting final Marting fina	POOSEVELT		I.		VTM	DT IT							-	0	15 D N
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22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 MCCUlly Funeral Home, 130 E. Fort Ave MCCUlly Funeral Home, 130 E. Fort Ave 3. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between condition and control to the cause of the course of	XIXBurial 2 - Crematic	on 3 🗆 Rem	oval from State	20b.	emetary, cremat	ory or other	POSITION place)	N (Name		OATE	20c. LO	CATION —	City or To	wn, Bta	le
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EXAMINER? YES 2 NO	PART II. Other algnific	ent condition	na contributing to	deeth bu	ut not reaultie	g in the u	indertylr	ng cause	given ir	Part I.	PERFO	RMED?	241	OF DE	BLE PRIOR TO LETION OF CAUSE ATH?
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2 Accident 3 Bulcide 4 Homicide 29a. CERTIFIER (Check only orle) 29b. EQUITATIVE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Dey, Year)		Bondies			26b.	INJURY	W	ORK?		18 00	CRIBE HOW		CURED	to	ght
29a. CERTIFIER (Check only one) 29b. SEMATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)			3	_				_	No		Trace		0	0	3
(Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated. 29b. EXMINER AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 0 0 0 1991 30. NAME NO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 11 PENN STREET BALTIMORE MARYLAND 2120 31. DATE FIRST MARYLAND 2120			28e. PLACE (building	OF INJURY , etc. (Speci	Mul . A.		ctory, offi	ca		City	or Town, State	and Number	or Rural	Route M	Balto
30. NAME IND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) OCME 111 PENN STREET BALTIMORE, MARYLAND 2120 31. DATE FIRST (Nort), Day, (Nort) ADDA 32. REGISTRAD'S SIGNATURE	(Check only													a) and n	nanner as stated.
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31. DATE FINED (Martin, Apr., Jour) 32. REGISTRAD'S SIGNATURE	A.M.	· · · ·	1				111	DIZATAT	Omr	ייוכוכו	DATME	MART			NTD 0 400
MAR 14 1991 Grand Janistan Broken	31. DATE FILED (Month, Pay	(bar)4000		AB'S SIGN		A 1	Ш	PENN	ZIK	D.B.	BALTI	MORE.	MAI	XYI.A	MD 2120



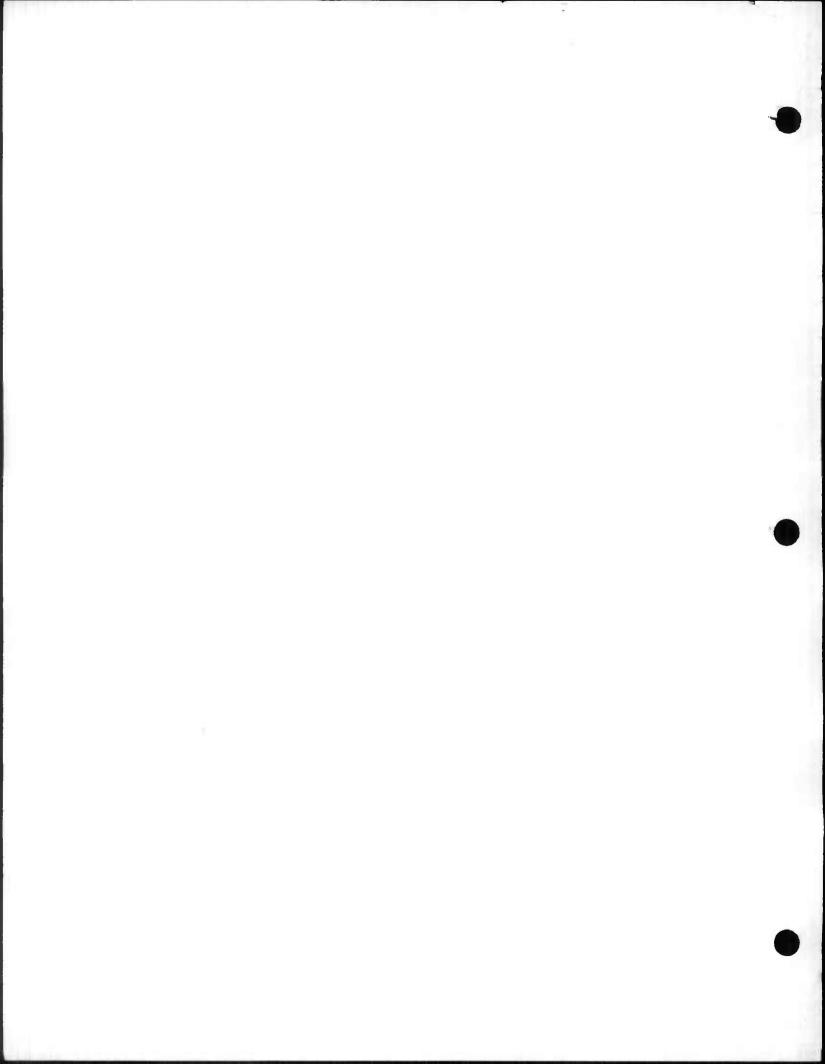
Duplicate of # 90-37616

Child: Baby Girl Keaton

Mother: unknown

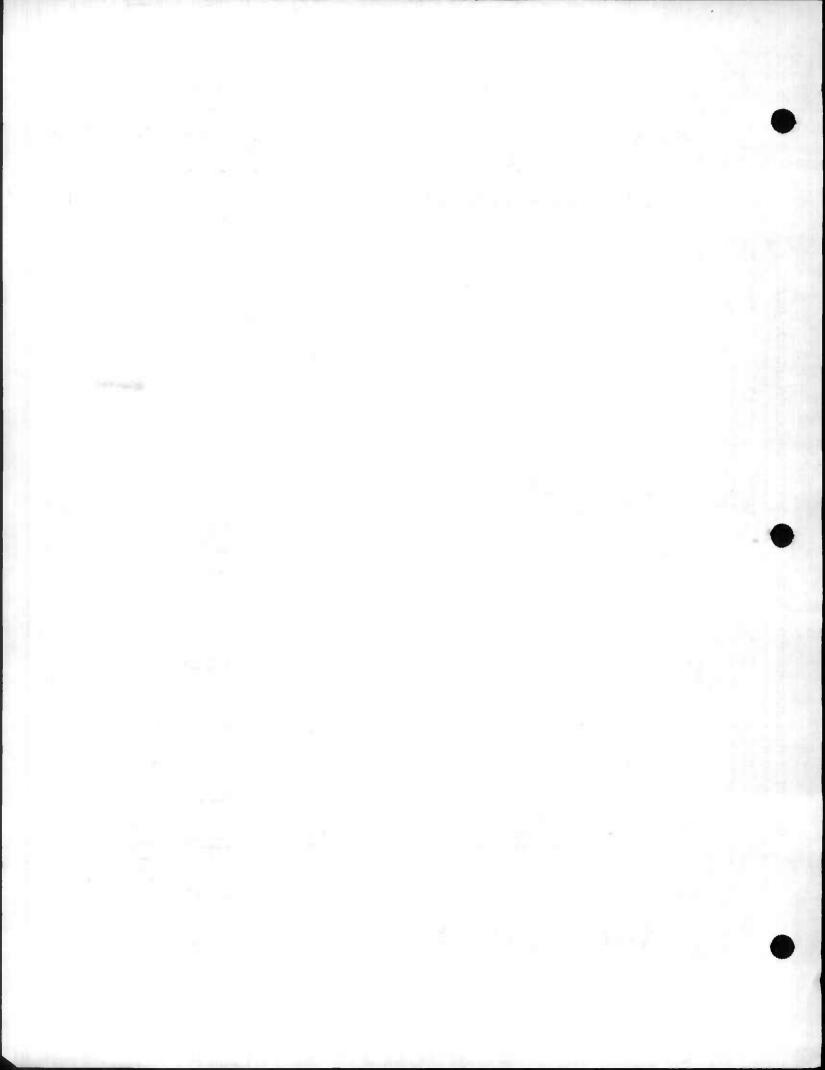
Father:

DOB: DOD: 6/28/90 ---City

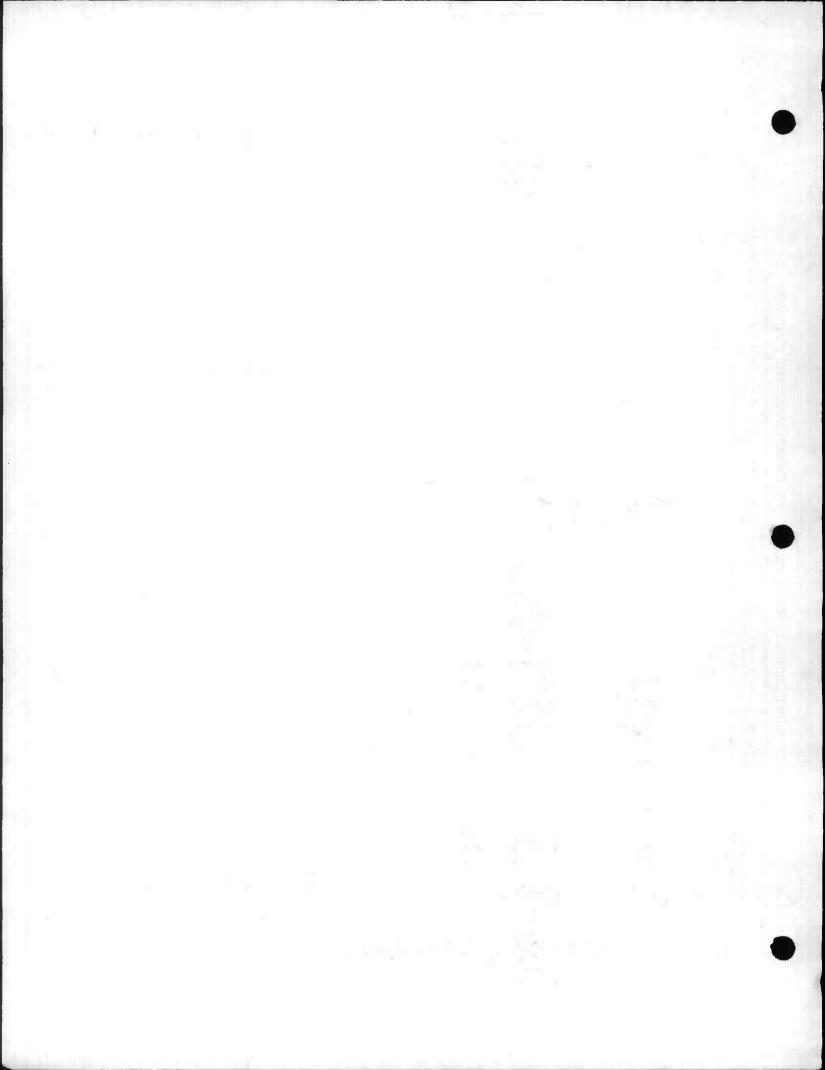


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AN: The	ficate ha	r item
PHYSICIA	this cert	with the
NDING	R. After	is ma
OR ATTE	DIRECTO	tem 28
SPITAL	INERAL	INT: If
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use its the funeral director, page 5 should be detached for use its the funeral production.	De fied within 72 hours are dearn with the State bept, or result and wellia hybere produce or usually, or removed. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
F	F.	= 0

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF H	EALTH AND MEN DEATH	TAL HYGIENE 9 REG. NO.	1 05490
1. DECEDENT'S NAME (First, Mick	ourse Keer		2. 0	ATE OF OEATH ONTH DAY 2 - 24-	YEAR 8 26 A M
4. SOCIAL SECURITY NUMBER 213-90-8246	5. SEX 6. AGE (In	yrs. lest birthday) YRS. IF UNDER 1 YEAR MONTHS DAYS		ATE OF BIRTH Month, Day, Year) 0-12-62	5. BIRTHPLACE (State or Foreign Country) MCI.
98. FACILITY NAME (IT not institute 7alls + 0. RESIDENCE OF DECED 10a. STATE Maryland	General Hos	pital 7all	ston		larford
	Harford	10c. CITY, TOWN OR LOCAT	Bel Air		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO IZEN OF WHAT COUNTRY?
	695 Red Oak Dri	ve	210)14	U.S.A.
10e. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO If yes, sp	ENDENT OF HISPANIC OF selfy Cuban, Mexican, Pur 2 NO Specify:	RIGIN? (Specify Yea or No erto Rican, etc.)	14. RACE — American Indian, Black, Whita, atc. Specify: White
	(T'S EDUCATION lest grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during modifie. Do NOT use retired.) Self Employed		Karens Cl	
	Ralph Ellsworth		· ·	irsi, Middle, Malden Surname) Ose Vukelich	0.0049
19a. INFORMANT'S NAME (Type/F Patrick Keens	rint)	19b. MAILING ADDRESS (Street a	nd Number or Rural Route		21014
20a. METHOD OF DISPOSITION 1 💢 Burial 2 🗆 Cremation 3 4 🗆 Donation 5 🗆 Other (Spe		PLACE AND DATE OF DISPOSITION COMPANY, Crematory Or Other Place) M		2/27/90 Til	
21. SIGNATURE OF FUNERAL SE	B	176.753007.0	ND ADDRESS OF FACILITY	E.F.Lassa	hn Funeral Home le,Md. 21087
	b. DUE TO (OR AS A	consequence of:	ionay Sp.	(Fe)	Approximate interval Between Onset and Deatl
	d to deeth be	ut not resulting in the underlying	g ceuse given in Part	i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MI	EDICAL HOSPITAL:		LACE OF DEATH (Check o	nly one)	
2 Accident Inves	1 Inpatient 2 ER/Outp	28b. TIME OF INJURY M 1	PRK? YES 2 NO	Other (Specify) DESCRIBE HOW INJURY OF CONTROL OF THE PROPERTY OF THE PROPERT	
29a. CERTIFIER (Check only one) 2 MEDICAL	NG PHYSICIAN: To the best of my knowless. EXAMINER: On the best of axistination.			deta and place, and due to	
30. NAME AND ADDRESS OF PE	RSON WHO COMPLETED CAUSE OF DE			11.44	2/15/9/
Dr. Dean Va: 31. DATE FILED (Month, Day, Year) MAR 4		Rock Spring Rd.	rorest Hi.	ll,Md. 2105	U



	FOR STATE REGISTRAR	STATE OF MARYL	ND / DEPART			MENTAL	HYGIENE REG. NO.	<i>J</i> (004	91
	1. DECEOENT'S NAME (First, Middle, Last) JOSEPH F. LE	IDIG				2. DATE	OF DEATH	Q I		ST PM
	4. SOCIAL SECURITY NUMBER 217-03-6612-A	5. SEX 6. AGE (1)		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (DE BIRTH , Day, Year) 12,1904	0	eryland	
TOR	90. FACILITY NAME (If not institution, give of SUMMIT NURSING HORSING OF DECEDENT			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c.	Balt	of DEATH	
FUNERAL DIRECTOR	100. STATE 10b. COUNT Maryland	4		TOWN OR LOCA altimor					10d, INSIE LIMIT 1 X YES	
AL	10e. STREET AND NUMBER			-	. ZIP CODE		100	. CITIZEN	OF WHAT COUN	YTRY?
ER	933 Brunswick St				21223			U.	S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENOENT OF HISPA ecity Cuben, Mexico 2 XNO Specia	en, Puerto F			RACE — Americ Black, White, at Specify: WHI	c.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo	ON ast of working	16b.	KIND OF BUSINES	S/INDUST	RY	
MPL	5th GRADE		CABINET	MAKER		I	IILL			
S	17. FATHER'S NAME (First, Middle, Last)					,	Aiddle, Meiden Surni	ıme)		
BE	Frederick Lei				Cathe					
5	199, INFORMANT'S NAME (Type/Print) Mildred A. Leidi		933 B	runswic	nnd Number or Rural k Street	, Bal	ltimore,	Md.	21223	
	20e. METHOD OF DISPOSITION 1 段 Buriel 2 □ Cremetion 3 □ Ren 4 □ Donation 5 □ Other (Specify)	novel from State	ew Cathed	eral Ce	metery	3/5			or Town, Slats	
	21. SIGNATURE OF FUNERAL SERVICE LI	Delega	m)	HUBBA	nd adoress of fa RD FUNER WILKENS	AL HO	_	TMODE	, MD	21220
TION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TO (OR AS A	CONSEQUENCE OF	EVA			liac or reapirato	ry arrest,	inta	proximate inval Between set and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A	CONSEQUENCE OF	i.						
PHYSICIAN: MEDICAL C	PART II. Other significant condition		PD	the underlying	g causa given in	n Part I.	24s. WAS AN AUTO PERFORMED 1 YES 2 1	2	AVAILABLE COMPLETE DF DEATH	TOPSY FINDINGS E PRIOR TO ION OF CAUSE I? 2 □ NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only on	ne)			
YSI	1 TYES 2 THO	1 Inpetient 2 ER/Outp		OTHER: 4 Phursing Hor	ne 6 🗆 Residence	6 🗆 Othe	r (Specify)			1
ВУ РН	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME	IRY W	JURY AT DRK? YES 2 NO	26d. DES	SCRIBE HOW INJUI	Y OCCUR	ED	
	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— A1 home, farm, si ://y)	treet, factory, offi	:0	28f. LOC City	ATION (Street end I or Town, State)	lumber or f	lural Route Numb	oeç .
COMPLETED	anal and	ER: On the basic of my know							use(e) and men	ner es stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	E Porus	WI		29c. LICENSE NU	JMBER /7	29	DATE SI	GNEP (Month, De	ay, Ybar)
2	30. NAME AND ADDRESS OF PERSON W	_ /	ATH (ITEM 27) (Type,	N	sing H	Lone	B	alte	Mda	11228
ı	31. DATE FILED (Month, Day, Year) MAR 0 4	32. REGISTRAR'S SIGN	Davidson-A	andell			·			



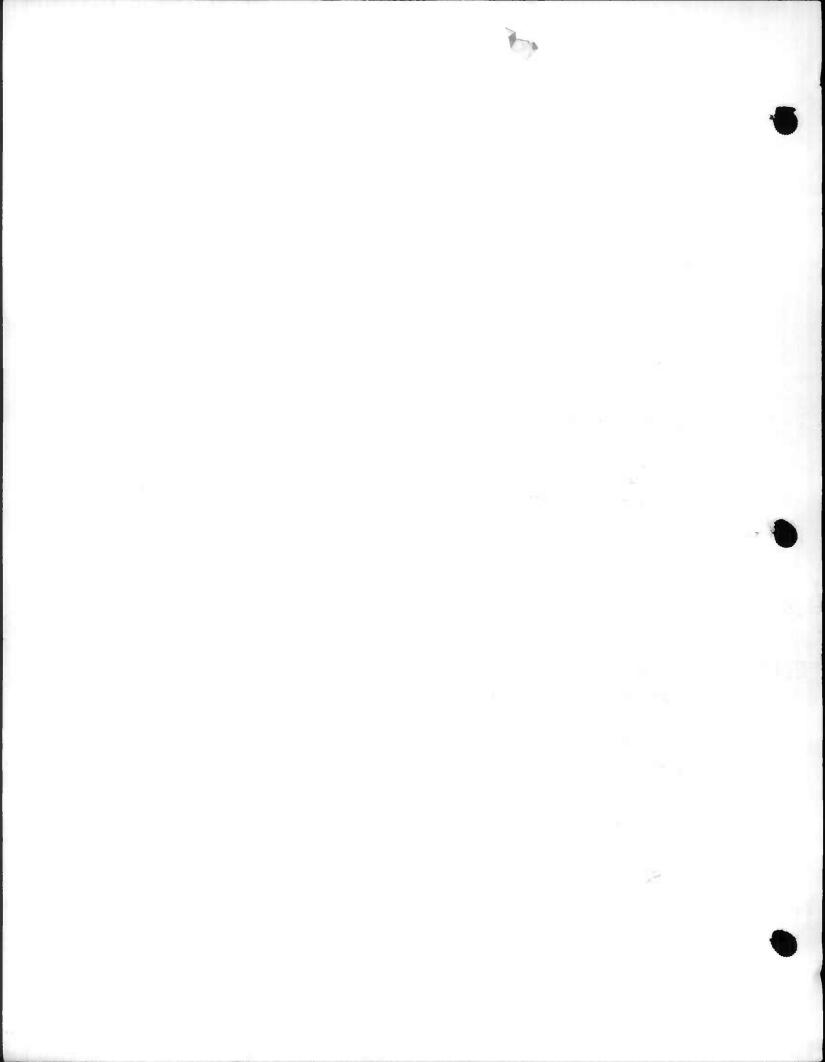
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL OIRECTOR: After this certificate ha	be filed within 72 hours after death with the State O	IMPORTANT: If Item 28 Is marked, or item 2
DIVI	HOSPITAL OR AT	FUNERAL OIREC	within 72 hours	TANT: If item
	TO THE	10 THE	be filed	IMPOR
MA				

	FOR 1 - STATE	STATE OF MARYL			HEALTH AND N		E 9 1	05492
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	MARTHA		NDERBO		REG. NO.		3. TIME OF DEATH
	Maesha	Linder		NUEKD	JKN	MONTH DA	Y YE.	
ŀ	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7. DATE OF BIRTH		IIRTHPLACE (State or Foreign
I	213-30-1338	1 D M 2XXF 77		MONTHS DAY		(Month, Day, Year)	C	Country)
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOW	N OR LOCATION OF DE	3-11-191	9c, COUNTY	aryland OF DEATH
CTOR	Meridian Nursi			Balt			3 4 12	Arunde1
III I	10a. STATE 10b. COUNTY	Y	10c. CITY	, TOWN OR LO	CATION			10d, INSIDE CITY
DIR		Arundel	Pas	adena				1 YES 2 NO
ERAL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
剪	7971 Elizabeth				2112		Ц.	
BY FUN		12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes,	DECENDENT OF HISPAN specify Cuben, Mexical FES 2 1 10 Specify			RACE — American Indian, Black, White, etc. Specify:
ED	15, DECEDENT'S EDU	ICATION	16a. DECEDENT'S	I DCCUP	ATION	18b. KIND OF BUS	I PINESS/INDUST	White
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of w life. Do NOT use	rork done during e retired.)	most of working	16b. AINS OF ES		
COMPL	9th. grade		Home	maker				estic
8	17. FATHER'S NAME (First, Middle, Last)		70			ME (First, Middle, Maiden		
BE	Thadeus		Benne			ena		nknown)
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
٦	Mr. William Lin							21014
	20a. METHOD OF DISPOSITION 1 The Burial 2 Cremation 3 Rem	noval trom State	other place)		cemetery, crematory or		CATION - City	•
	4 Donetion 5 Other (Specify)		edar Hil					e, Marylan
	21. SIGNATURE OF FUNERAL SERVICE LI	Le La La La La La La La La La La La La La	7		e and address of far 4 Mounta	MC Cu	-	ineral Hom na,Md.2112
	23. PART I. Enter/tha diseases, or	complications that cause	d the death. Do n					
	shock, or heart fallure.	List only one cause on	each line,				STATE STATE	Interval Betwo
	IMMEDIATE CAUSE (Final disease or condition	CARD	110 G.FA	Sec	SHOCK	`		Onset and Da
	resulting in desth)	BUE TO (OR AS	A CONSEQUENCE OF	7	211001			
_	_	(DOD)	12012	An-	TENY	DISEA	ci	j
ŏ	Sequentially list conditions,		A CONSEQUENCE OF			DIOLINA	s (-	-
YAT	If any, leading to immediate csuse. Enter UNDERLYING			•				
RTIFICATION	CAUSE (Disease or injury that initisted events resulting in desth) LAST	DUE TO (OR AS	A CONSEQUENCE OF	ን:				
B		d						
	PART II. Other significant condition	ns contributing to desth	but not resulting i	n the underly	ying cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDIN
AF								COMPLETION OF CAUS OF DEATH?
CAL	STROKE					1 _ YES 2	C DAME	
MEDICAL	Agriac	ABRILL	ATION	7		1 _ YES 2		1 YES 2 NO
I: MEDICAL	Agriac	ABRILL	ATION			1 _ YES 2	· · · · · ·	
	AGNI AC 25. WAS CASE REFERRED TO MEDICAL	ABRILL	ATION		K PLACE OF DEATH (Ch			
SICIAN:	AgriAc	HOSPITAL:		OTHER:		eck only one)		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL; 1 Inpatient 2 ER/Out	tpetient 3 DOA	OTHER:	lome 5 - Reeldence	eck only one)		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1- Netural 5 Pending	HOSPITAL:	tpetient 3 DOA	OTHER: QUENTIAL NUMBER QUENTY 26c.	lome 5 🗆 Reeldence	eck only one) 6 Other (Specify)		1 YES 2 NO
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	spetient 3 DOA 28b. TIMI INJ IY — At home, farm, a	OTHER: OTHER: Nursing F E OF 26c. URY M 1	Home 5 Reeldence INJURY AT WORK? YES 2 NO	eck only one) 6 Other (Specify)	INJURY OCCUR	1 YES 2 NO
ETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spr	Ipetient 3 DOA 28b. TIMI INJI IY — At home, farm, a	OTHER: OT	Home 5 Reeldence INJURY AT WORK? YES 2 NO	eck only one) 6 Other (Specify) 28d. DESCRIBE HOW (28f. LOCATION (Street City or Town, State)	and Number or I	1 YES 2 NO
MPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OS-BEATH 1- Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL: 1 Inpatient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spi	tpetient 3 DOA 28b. TIMI INJ IY — At home, farm, a	OTHER: OTHER:	Home 5 Reeldence INJURY AT WORK? YES 2 NO office	eck only one) 6 Other (Specify) 28d. DESCRIBE HOW (28f. LOCATION (Street City or Town, State, to the cause(e) and ma	and Number or I	1 YES 2 NO
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Out 26e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spa	tpetient 3 DOA 28b. TIMI INJ IY — At home, farm, a	OTHER: OTHER:	Home 5 Reeldence INJURY AT WORK? YES 2 NO office date and place, and due in, death occured at the	eck only one) 6 Other (Specify) 28d. DESCRIBE HOW of City or Town, State, to the cause(e) and mathme, date and place, ea	and Number or h	1 YES 2 NO ED Rural Routa Number,
OMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OS-BEATH 1- Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL: 1 Inpatient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spi SICIAN: To the best of my knowness.) IER: On the best of examinations.	tpetient 3 DOA 28b. TIMI INJ IY — At home, farm, a	OTHER: OT	Home 5 Reeldence INJURY AT WORK? YES 2 NO office	eck only one) 6 Other (Specify) 28d. DESCRIBE HOW of City or Town, State, to the cause(e) and mathme, date and place, ea	and Number or h	1 YES 2 NO

90. SAMATURE AND TITLE OF CERTIFIER	AlterupMo	D 21776	29d. DATE SIGNED (Month, Day, Year) 2427 / 9
0. NAME AND ADDRESS OF PERSON WHO COM	APLETED CAUSE OF DEATH (ITEM 27) (Type, Print) N 202 E-PA	TAPSCO AV. BA	77 MD LIZZS

MAR 04 1991

32 REGISTRAR'S SIGNATURE
Fisha Davidson-Randoll



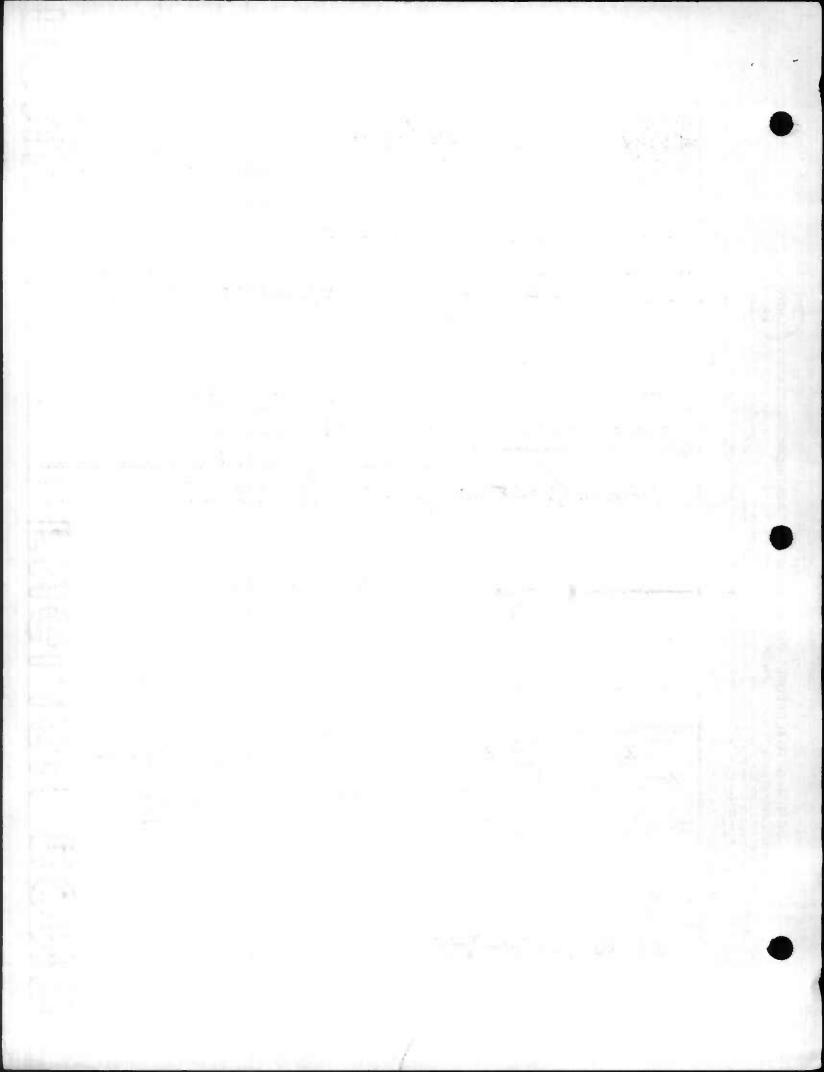
DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21** IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

8

ransit permit. Pages 1, 2, 3 should

. DECEDENT'S NAME (First	, Middle, Last)		1	1/1	1501		DEA		MONT		DAY	YEAR	3. TIME OF DEATH	
SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. la:		IF UNDER 1	_	IF UNDER	24 HRS.	7 DATE	OF BIRTH	ry 26,1	6. BIRTHPLACE (State or Foreign		
320-12-3849		1 M 2 D F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	Day Mart	1919	Country)	linois	
e, FACILITY NAME (If not in	nstitution, give s	poot and number)	1		9b. CITY,	TOWN O	R LOCATI	ON OF DE		,	9c. COUNT			
Holy Cros	55 H	ospira	/		511	ve	15	pri	01 07		Mo	nde	onery	
RESIDENCE OF DEC	10h COUNTY	/		T too CIT	TY, TOWN OF	RIOCAT	TON		/			7	10d. INSIDE CITY	
Maryland	Montgomery Silver Spring									UMITS?				
11 000 T	10.00								0.11		IAT COUNTRY?			
11009 Inwoo	d Aven						209	902			u.	S.	Α.	
11. MARITAL STATUS	Married		IT EVER IN U.S. AT YES 2							i? (Specify Yo Ricen, etc.)	s or No— 1	4. RACE - Black,	- American Indien, White, etc.	
3 Widowed 4 Dive		IF YES, GIVE V	MAR OR DATES		1	YES	XX NO	Specif	γ:			Specify	rite	
	EDENT'S EDU		16a. Di	ECEDENT'S	S USUAL OC	CUPATIO	ON		161	KIND OF B	JSINESS/INDU:		-	
(Specify online Elementary/Secondary (I	y highest grade 0-12)	College (1-4 or 5	+)	Sive kind of a. Do NOT u	work done du se retired.)	uring mo	st of world	ng						
		6 Years	Me	ather	natic	ian				Defe	nse De	par	tment	
17. FATHER'S NAME (First, M							16. MOT	HER'S NA	ME (First,	Middle, Meide	n Surname)			
Morris Lev	inson							Sara	ah wo	elfins	ohn			
190. INFORMANT'S NAME (r or Rural	Route Num	ber, City or To	wn, State, Zip C	Code)		
Gladys D.				(Same	e as t	# 10))				11000			
20a, METHOD OF DISPOSIT	ION on 3 🗆 Rem	oval from State	of cemetars	, cremator	TE OF DISPO	ace)	(Name		DAT		OCATION — CI		of the same	
□ Donation 8 □ Other	nation 8 Other (Specify) Mount Lebanon 2/27/91 Hyattsville Maryle								Manulan					
			- 1 1/100	uru I				- 6	- 1 6- 1 1	110	ausu	ue,	Margan	
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	<u> </u>	uru I			ND ADDRE							
· Vona	ld (Da	ttlem	yer	D.N 232	A. S 2 CA	STEIN	ISS OF FA	CILITY 3. ME TREET	MORIA N.W	L FUNE	RAL	HOME, IN GTON, D.C	
Dona 23. PART I. Enter the d	loc Sissess, or operat fallure.	complications the List only one certain Due To	of caused the guse on each line	oth. Do	22. N D. N 2.32 not enter t	A. S. C.A. the mo	STEIN NRROL Ide of dy	SS OF FA	CILITY 3. ME TREET th as can - F	MORIA , N.W	L FUNE , WAS	RAL SHIN(HOME, IN GTON, D.C Approximate Interval Batw Onset and De	
23. PART I. Enter the dishock, or himmediate Cause (Fidiseese or condition	Ida Sissesses, or desert failure.	complications the List only one constant of the List on the List o	of caused the guse on each line	LAR GUENCE COUENCE C	Den:	NAME AND A SECOND CHY	CAR	ISS OF FA	CILITY 3. ME TREET th as carr F TSE	MORIA , N.W dlac or res	L FUNE , WAS	RAL SHIN(HOME, IN GTON, D.C Approximate Interval Batw. Onset and De	
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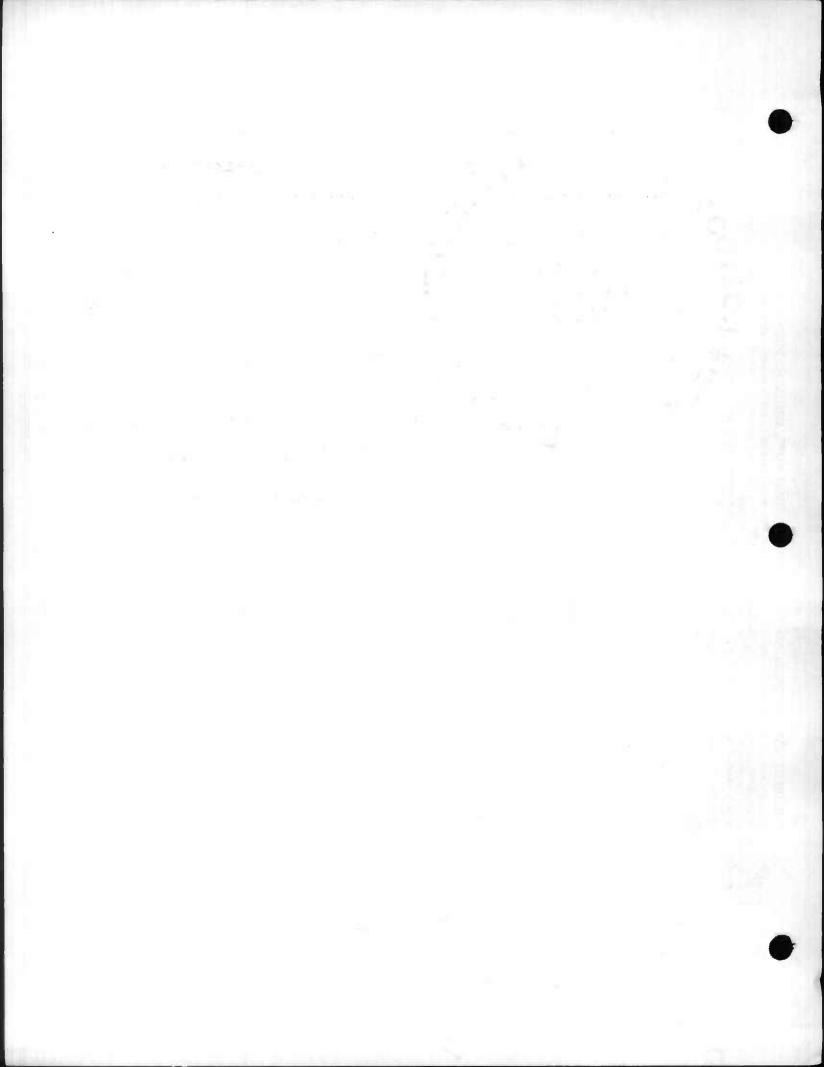


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TO THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death centricate be executed writin to a not the control of the law requires that the death control of the categories of the control of the categories of the categ TO BE COMPLETED BY FILINFBAL DIBECTOR THENDING PHYSICIAN: The law requires that the death certificate be executed within 🗸 nours after death. Page 6 may be retained by the hospital or attending physician.

STATE OF MARYLAND	DEPARTMENT	OF HEALTH AN	ND MENTAL	HYGIENE
C	ERTIFICATE	OF DEATH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMI			MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) VERA ZOMA MURP	НУ				2. DATE O	F DEATH DAY	4	FIA	1.35 PM
	4. SOCIAL SECURITY NUMBER 220-05-2199	1□M2♥F 78	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	3-	F BIRTH Day, Year)	12	Country) BALTI	
	96 FACILITY NAME (If not institution, give sto St. Ag NES HOS	PHOY	2		OCC 1 N	115	21229	9c. COUNTY	OF DEATH	- 10
	10a. STATE 10b. COUNTY	ARUNDEL		WN OR LOCAT						INSIDE CITY LIMITS? YES 3/ NO
	100. STREET AND NUMBER 933 LOMBARDEE CI	RCLE			ZIP CODE			U.S		COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ENDENT OF HISPAN city Cuban, Mexicar 2 X NO Specify	, Puarto R				merican Indian, ite, etc.			
	1s. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th GRADE 1se. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWTFE							INESS/INDUS	TRY	
	17. FATHER'S NAME (First, Middle, Last)		HOUSEWIF		18. MOTHER'S NAI	ME (First, M	liddle, Maiden :	Surname)	_	
	LEVIN VANE				ELLA H	OYER				1
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a	nd Number or Rural F			, State, Zip Co	de)	
	BRENDA HOWARD	- 1/2	933 LOM	BARDEE	CIRCLE,	GLE	N BURN	IE, M	0. 21	061
	20a. METHOD OF DISPOSITION 1 CROwnell 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Other Respectly) MEADOWRIDGE MEMORIAL PARK 21. SECRETAL SERVICE IN EDGES 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.									
	Keun Ht	Think			WILKENS				RE, ME	. 21229
	23. PART i. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one cause on each		nter the mo	de of dying, suci	h aa card	lec or reapl	ratory arres	Ι,	Approximate Interval Between Onset and Death
MOLIVACION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	termines	4 Soc	uQ.					
MEDICAL CE	PART II. Other algnificant condition	a contributing to deeth bu	t not resulting in th	ne underlyln	g cause given in	Part 1.	24e. WAS AN PERFOR	IMED?	CO OF	RE AUTOPSY FINDINGS MLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only on	e)		<u> </u>	
2	1 TYES 2 NO	HOSPITAL: 1 Impatient 2 ER/Outper	tient 3 DOA 4	THER: Numbing Hon	e 5 🗆 Residence	8 🗆 Othe	r (Specify)			
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending 2 Accident Investigation										
									Number,	
COMPLEIED	CONSCRIPTION OF THE PROPERTY O	ICIAN: To the best of my knowle								d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	B			29c. LICENSE NU	MBER		29d. DATE S	JGNED (M	onth, Day, Year)
20 00	SUSANT B				► 31	2/9	/			
	Susan L. Behi	en HD.	Johns Hol	kins	tospita	l	Backn	yee >	W.	
	31. DATE FILED (Month, MAR 04	199 PEGISTRAMS SON	TH (ITEM 27) (Typo, Pril Johns Ho) Destidoon-ham	delle						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the order of the control of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remoral.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	SIAIE UP N				E OF			MENTAL HYGIEI REG. NO	-		
	1. DECEDENT'S NAME (First, Middle, La	ist)					-		2. DATE OF DEATN		3. TIME OF DEATN	
	Frankie Lee M. 4. SOCIAL SECURITY NUMBER	CMillion -							w. March	2nd 19	91 1200 M	
	4. SOCIAL SECURITY NUMBER 217 26 6662	5. SEX	6. AGE (In yrs. lest b	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	/ DATE OF BIRTH	1917	BIRTNPLACE (State or Foreign	
			17	YRS.	CL OIX		7:00071	67.04				
a G	9a. FACILITY NAME (It not institution, gh		pital		9b. Cri	Free	deric		EATH	Fred	of DEATH	
اخا	RESIDENCE OF DECEDENT					27.004					T	
DIRECTOR		derick		10c. CTI	144	or Locat	100				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?	
ER	7509 Green V					2170)1			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	NT EVER IN U.S. ARMI 1 YES 2 NO WAR OR DATES	ED)	13.	It yes, spe		n, Mexica	NIC ORIGIN? (Specify Yon, Puerto Rican, atc.)	na or No- 14	Black, White, atc. Specify: White		
COMPLETED	15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		(Give	w kind of v Do NOT us	work done retired.)		>N st of workin	9	16b. KIND OF BI	USINESS/INDUS	TRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Robert G	ioode					E	va W	ME (First, Middle, Meide Orkman			
TO B	198. INFORMANT'S NAME (Type/Print) Mark Redmond, Gr	and Son is	n. Law	750°	9 Car	S (Street a	Valle	or Rural I	Aoute Number, City or To	wn, State, Zip Co	id. 21701	
	20 METNOD OF DISPOSITION 1 Buriel 2 Cremation 3 R 4 Donation 5 Other (Specify)	lemoval from State	20b. PLACE OF	F DISPOS Law	n Ce	Name of cent	netery, crem	natory or	Ba.	ocation — cit	y or Town, State Co., Md.	
	21. SIGNATURE OF FEMERAL SERVICE	LICENSE	depris	h					Tuneral H		6. 21221	
	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	re. List only one ceu	use on each line.							90400 . 101-41	Interval Retween	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF): Onset en the state of t								act 36 hes		
CERT	resulting in death) LAST	d										
N: MEDICAL	PART II. Other eignificent condi) death but not re	out not resulting in the underlying ceuse given in Pa					PERF	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 THO		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOŚPITAL:			ОТНЕ		ACE OF D	EATN (Ch	heck only one)			
PHYSICIAN:	1 TYES 2 TANO	1 Vinpatient 2	☐ ER/Outpetient 3 ☐		4 🗆 Nu	ursing Hom		esidence	6 ☐ Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation		PF INJURY Day, Year)	20b. TIM	ME OF JURY M	WO	JURY AT DRK? YES 2	NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
тер ву	2 Accident Investigate 3 Suicide 6 Could not 4 Homicide determined	OF INJURY — Al hom a, etc. (Specify)	ie, farm,	street, fa	ctory, offic	18		26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	(Street Street	HYSICIAN: To the best of a									f. cause(a) and menner ea stated.	
BE	296. SIGNATURE AND THE EDE CONT	IFIER		>			29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)				SIGNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON		Arcan -		e, Print)							
	MAR 04 1991	gula David	ABY SIGNAMENT	-								

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BALTIMORE, MARYLAND 21203

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mous after death. Page 6 may be retained by the hospital or attention of the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

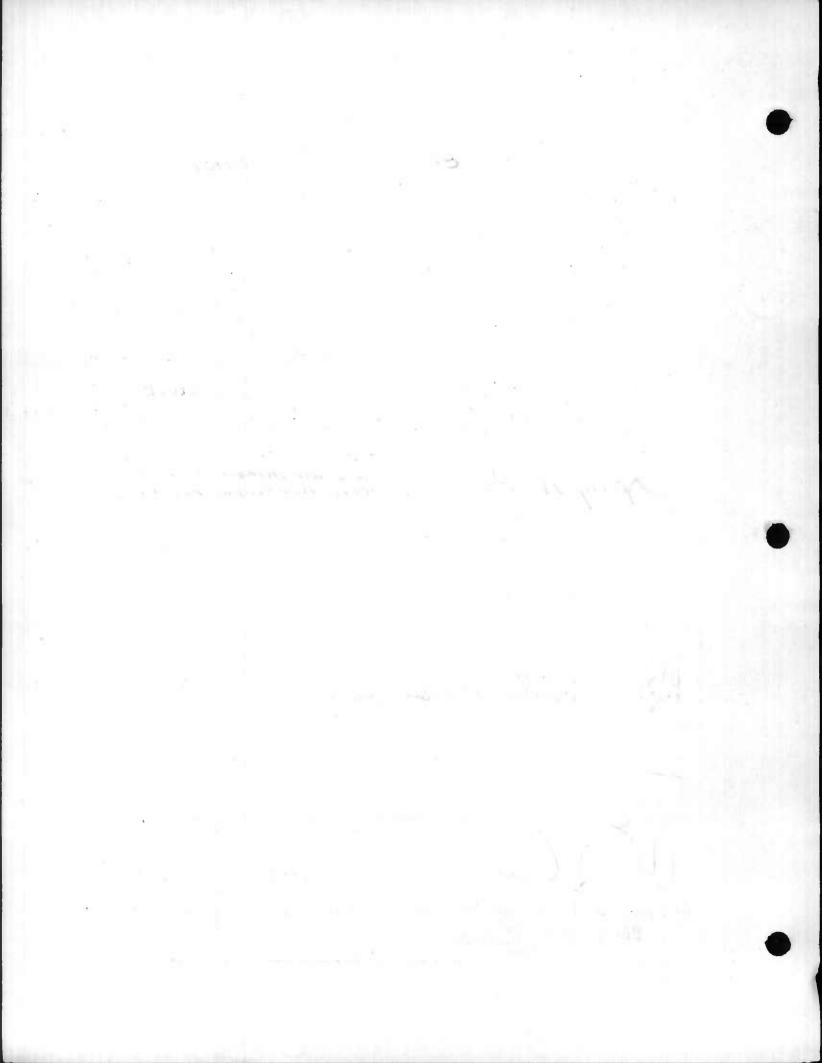
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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IRECTOR		
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COMPLETED BY FUNERAL		
BE C	ı	-
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permit. Pages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTM	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF CEATH
FLRUE C	. MITCHELL		MONTH DAY	1991 10:00 pm
4. SOCIAL SECURITY NUMBER		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPLACE (State or Foreign
		INTHE DAYS HOURS MIN.	(Month, Day, Year)	Country)
9s. FACILITY NAME (If not institution, give stree		b. CITY, TOWN OR LOCATION OF DE		COUNTY OF DEATH
MANAD CAOS				
RESIDENCE OF DECEDENT	LARGO.	500 LARGO R	D	TRINCE GEORGE
10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY
WASH. D.C.	N/A Was	hington		LIMITS? 1 VE YES 2 NO
10e. STREET AND NUMBER	N/A Was	hington		. CITIZEN OF WHAT COUNTRY?
	WYCOLN DR.	101.211 0000	0012	. CITIZEN OF WHAT COUNTRY?
		00	018	0.3
11, MARITAL STATUS 1 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO	13. WAS OECENDENT OF HISPAI If yes, specify Cuben, Mexico		0— 14. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 YES 2 NO Specifi		Specify: BLBCK
				0,0
15. DECEDENT'S EOUCAT (Specify only highest grade con	mpleted) (Give kind of work	done during most of working	16b. KIND OF BUSINES	S/INDUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	1		
9th	WAITRESS			e Industry
17. FATHER'S NAME (First, Middle, Last)	1		ME (First, Middle, Maiden Surna	me)
RICHARD	G000 WIN		EZE GO	
19a. INFORMANT'S NAME (Type/Print) FY	anger Cacka Hob MAILING AD	ODRESS (Street and Number or Rural	Route Number, City or Town, Stat	ne, Zip Code) 40 20722
JANICE D 1	3LAKELBY C/O MI	Ada Pringe LA	Largo	LARGO DI
20a, METHOO OF DISPOSITION	20b. PLACE OF DISPOSITION	ON (Name of cemetery, crematory or	20c. LOCATIO	N — City or Town, State
1X Burial 2 ☐ Cremation 3 Remove 4 ☐ Donation 6 ☐ Other (Specify)	other place) Flushing			ns,N.Y.
21. SIGNATURE OF FUNERAL SERVICE LICEN				
X V	1. 0	22. NAME AND ADDRESS OF FA	146120 m	323
Juny /	. I sau	49es Bunn	LOUGH AVE	W.E.
23. PART I. Enfor the diseases, or cor	nplications that caused the death. Do not	entar tha mode of dying, suc	h ss cardiac or respirator	
anock, or neart tellure. Lis	it only one cause on each line.			Interval Between Onset and Death
disease or condition	15/1A- MAG	K		
resulting in death) s.	DUE TO (OR AS A CONSEQUENCE OF):			
	to to (on no n construction or).			
Sequentially list conditions, b.	DUE TO (OR AS A CONSEQUENCE OF):			
if sny, leading to immediate couse. Enter UNDERLYING	DOE TO (ON AS A CONSCIUENCE OF).			
CAUSE (Disease or Injury				
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
d.				
PART II. Other significent conditions	contributing to death but not resulting in t	the underlying cause given in	Part i. 24e, WAS AN AUTO	PSY 24b, WERE AUTOPSY FINDINGS
	wase	and disconying dados given in	PERFORMED	? AMILABLE PRIOR TO
The state of the	0.37	A	1 TYES 20 N	OF DEATH?
Land Vosc	when Och Aiden	lisere		1 TES 2 NO
•				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Ch	eck only one)	
		THER: X Nursing Home 6 - Residence	6 Other (Specify)	
27. MANNER OF DEATH	28a. DATE OF INJURY 26b. TIME O		26d. DESCRIBE HOW INJUR	Y OCCURED
1. Netword 8 Pending	(Month, Day, Year) INJUR	WORK? M 1 YES 2 NO		
2 Accident Investigation 3 Suicide 6 Could get be	28e. PLACE OF INJURY — At home, farm, stre-	et, factory, office	26f. LOCATION (Street and No	umber or Rumi Bouts Number
4 Homicide determined	building, etc. (Specify)		City or Town, State)	and the same of th
29s. CERTIFIER				
(Check only	Ny To the best of my knowledge, death occurred a			
MEDICAL EXAMINER	On the basis of examination and/or investigation, i	in my opinion, death occured at the	time, data and place, and due	to the cause(a) and menner as stated.
29b. SIGNA UNA AND TITLE OF CERTIFIER	1.	29c. LICENSE NU	MBER 29d	I. DATE SIGNED (Month, Day, Year)
I M U X	Mis	173226	1	2-24-81
30. NAME AND ADDRESS OF PER ON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	int)		
Richano J. Fe	0	Innapolis re	(n han	mn 20706
31. DATE FILEO (Month Day, Year)	32. BEGISTRAR'S SIGNATURE	1 (, , , ,	- CELLIONIA	V
MAR 4 1991	Julia Davidson-Randalle			
	The state of the s			



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

58 93 A #CLEOD, DONALD 03/22/35 # 0

91 05497

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

_	TIEGIOTION			O.	-11111	ICALL	_ 01	DLA	111		HEG. NO.				
	1. DECEDENT'S NAME (First	icLeod							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH						
	DONALD 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 6. SOCIAL SEC	Lou	i, SEX			1		1		02	27	/ 199		1: 24 A M	
	244-52-5760		M 2 □ F	6. AGE (In yrs. las	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, D	9; Year)	a. BIRTHPLACE (State or Foreign Country) N • C •			
_	96. FACILITY NAME (If not in			PAT	9b. CITY, TOWN OR LOCATION OF DEATH					ATH		9c. COUN	TY OF DEA	ТН	
DIRECTOR	THE JOHNS		HUSPI.	LAL		BALTIMORE CITY						BALTIMORE			
	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					10	9d. INSIDE CITY LIMITS?	
	N.C.	Harn	ett		1	Dunn							1	YES 2 NO	
FUNERAL	100. STREET AND NUMBER							28331				33.5		AT COUNTRY?	
빌	Rt.#3 Box 412							-	_			US			
B	1 Never Married 2 3 Uldowed 4 Divo	YES 2 X	NO		If yes, sp		on, Mexics	IIC ORIGIN? (n, Puerto Rici y:		or No-	Black, \	- American Indian, White, etc.			
	15. DEC (Specify onl	EDENT'S EDUCAT	TION mpleted)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON ast of worki	na	16b. KI	ND OF BUS	SINESS/IND	JSTRY		
COMPLET	Elsmentary/Secondary (i		College (1-4 or 5	+) life.	. Do NOT u	se retired.)						Dha			
M	12 17. FATHER'S NAME (First, M	liddle Leet		P	harma	acy I	ech			ME (First, Mide	tate		rmacj		
BE CC			Leod							Batts	dle, Maiden	Sumame)			
2	19. INFORMANT'S NAME (.,								Route Number,			Code)		
	Marieta C.			1					unn,	N.C.	2833				
	1 C Buriel 2 Cremetic 4 Donation 6 Que	on 3 🗆 Hamova	of from State	20b. PLACE of cemetary Devot	cremator	e of DISP	osition	(Name		3-2		CATION — C	- 4 - 4116	, Stats	
	21. SIGNATURE ON THERA		net /	/ Devoc.	LOHA.	22.	NAME A	ND ADDRE		CILITY		nn.N.			
	1/4	110	.//							man Fu					
	23. PART I. Enter the d	Iseeses, or cor	iiplicationa h	t coused the de	ath. Do	not antar	the mo	de of dy	ing, suc	h aa cardla	c or respi	ratory arre	y Lanc	1 21227 Approximata	
	ahoolg or h IMMEDIATE CAUSE (Fig		st only one ca	use on each line	9.	?								Onset and Death	
	disease or condition reaulting in death)	→ .	On	rund	nia									48 hus	
	roadking in dealtry			(OR AS A CONSE	OUENCE C	F):	4	,						11	
N	Sequentially list condit	ions, b.	Eyr.	APAONSE (OR AS A CONSE	la	2 Kin	26	-y	mp	han	a			1 yes	
ATI	if any, laeding to imme cause. Enter UNDERLY	diate	OUE TO	(QR)AS A CONSE	OUENCE C	NF):		0	V					0	
F	CAUSE (Disease or injuthat initiated events		DUE TO	(OR AS A CONSE	OUENCE C	OF):								†	
CERTIFICATION	resulting in death) LAS	d.													
10	PART ii. Other aignifice	ent conditions	contributing to	death but not	rasulting	in the u	ndarlyin	g couse	given in	Part i. 2	Ia. WAS AN			/ERE AUTOPSY FINDINGS	
MEDICAL										1	PERFOR		C	WAILABLE PRIOR TO	
														F DEATH?	
ž					2"										
PHYSICIAN	25. WAS CASE REFERRED T EXAMINER?		IOSPITAL:			OTHE		LACE OF C	DEATH (Ch	eck only one)					
IASI	1 TYES 2 NO	1	_	ER/Outpatient 3	-	4 🗆 Nu	reing Hon		esidence	6 Other (S					
		Pending Investigation	26a. DATE Of (Month, I		28b. TIII	ME OF JURY M	W	JURY AT DRK? YES 2 [_ NO	28d. DESCF	RIBE HOW I	NJURY OCC	URED		
29e DI ACC DE IN HIDY. At home dress form which to the control of								ute Number,							
	4 Homicide	determined		, etti (opeony)						City by	Nown, State)				
COMPLETED	onel			f my knowledge, de										and manner as stated.	
	29b. SIGNATURE AND TITLE		19.3				Aller .		ENSE NUI					Month, Day, Year)	
TO BE	Off A	113	low	MD								1 2	/27	-/9/	
F	30 NAME AND ADDRESS D	F PERSON WHO	COMPLETED CAL					c 11	Δ	W. /			,		
	31, DATE FILED (Möhth, Day,	Year)	32. REGISTR	AR'S SIGNATURE	C ,	10	איען	> ME	ork)	105/	1058	1714			
	MAR 4	1991	Julia 1	AR'S SIGNATURE	mde BE										
	WIT III		0.5											DHMH.16 Rev. 1/80	

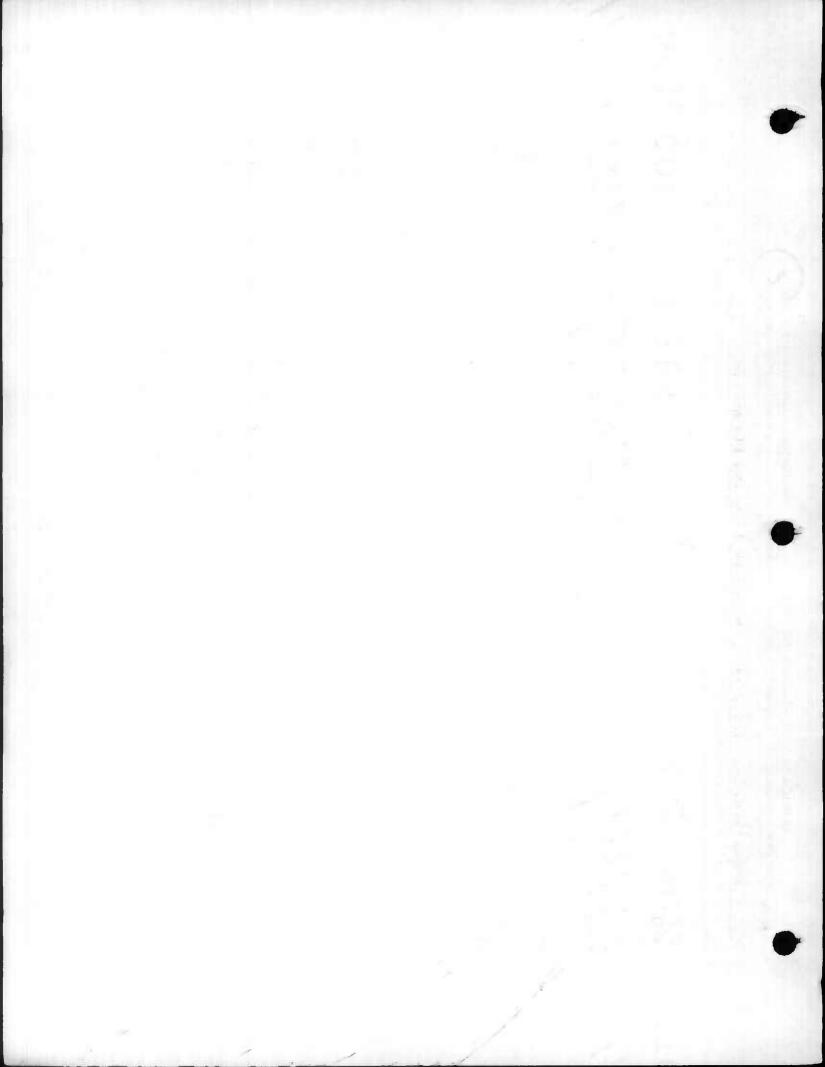
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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05498 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Li						MONT	of DEATH DAY	γ	YEAR	3. TIME OF DEATH
	Daniel			Sr.		02				5:10 P.
SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. les		ONTHS DAYS	HOURS MIN.	(Mont	OF BIRTH h, Dey, Year)		Country	
216 24 0022	1 🕅 M 2 🗆 F	62	YRS.				26-1928			nsylvania
B. FACILITY NAME (If not institution, gi					DR LOCATION DF			9c. COUNT	Y OF DI	EATH
825 Patapsco				Balti	more C:	ity		==	====	==
De, STATE 10b. COL			10c. CITY,	TOWN OR LOC	ATION				Т	10d. INSIDE CITY LIMITS?
Maryland ==	=====		Ra1t	imore						LIMITS?
Oo. STREET AND NUMBER			200		Of, ZIP CODE			10g. CITIZE	EN OF W	THAT COUNTRY?
825 Patapsco	Avenue				21225			U.	S.A	
I. MARITAL STATUS		T EVER IN U.S. AF			ECENDENT OF HISPA			or No 1	4. RACE	- American Indian, White, etc.
Never Married 2		YES 2 📉	NU		specify Cuban, Mexic S 2 ND Spec		Rican, etc.)		Speck	y:
										White
15, DECEDENT'S (Specify only highest g	EDUCATION trade completed)	(G	live kind of wo	SUAL OCCUPAT rk done during r		168	. KIND DF BUS	INESS/INDU	STRY	
8th Grade	College (1-4 or 5	+) _	. Do NOT use	reurea.)		- 10	Cemete	rv -	Glei	n Haven
FATHER'S NAME (First, Middle, Last)			oreman			_		-	O ₁ C ₁	i naven
	, Fred Mill	er			16. MOTHER'S N		Middle, Melden : rgaret	sumeme)		
s. INFORMANT'S NAME (Type/Print)			h Magino 4	DODESO /Ow	and Number or Rura	_		Dhate W.	Parela?	
Dolores Miller					Avenue					nd 21225
					emetery, crematory or		_	CATION — CI		
a. METHOD OF DISPOSITION Burlai 2 Cremation 3 F Donation 5 Other (Specify)	Removal from State	other p	lace)		cial Park					
. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	- 1 GIGH	navei	22. NAME	AND ADDRESS OF F	ACILITY				Maryland
6,00) 6 () sis			ge J. Go					
3. PART I. Enter the diseases,										, Md. 212
equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury	DUE TO	OR AS A CONSE	OUENCE OF):							
hat initiated events eaulting in death) LAST	d.	(OR AS A CONSE	OUENCE OF):							
PART II. Other algnificant condi	Itiona contributing to	death but not	resulting in	the underly	ing ceuse given i	n Part I.	24a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDIN
							PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUS
			***				1 TES 2	□ N9		OF DEATH?
					-	_	ł			1 TES 2 NO
, WAS CASE REFERRED TO MEDICA	u. I			26.	PLACE OF DEATH (C	Shack only o	l nel			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient		OTHER:						-
MANNER OF DEATH	28s. DATE O	F INJURY	28b. TIME	OF 28c, I	ome 5 D-Residence	-	er (Specify) SCRIBE HOW II	NJURY OCCI	URED	
1 Natural 5 Pending		Day, Year)	INJUI		VORK?					
2 Accident Investigate 3 Suicide 6 Could not	28e. PLACE	OF INJURY At h	ome, farm, str			281, LO	CATION (Street s	and Number o	or Rural I	Route Number,
4 Homicide determine		, etc. (Specify)				City	or Town, State)			
. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best o	f my knowledge d	anth nan	at the steer of	to and place and 4	in to the	was/a\ 4		4	
cool	MINER: On the basis of) and manner so state
D. SIGNATURE AND TITLE OF CERT										
(hillearl)	Luce	and			D (66		> 0	2-	(Month, Day, Year) 2.5 - 2/
Lichael S	WHO COMPLETED CAL	SE OF DEATH (ITE	EM 27) (Type, F	o Ha	ord one	20	Louise	- B	لاف	o Daler
DATE FILED (Month, Day, Year)										



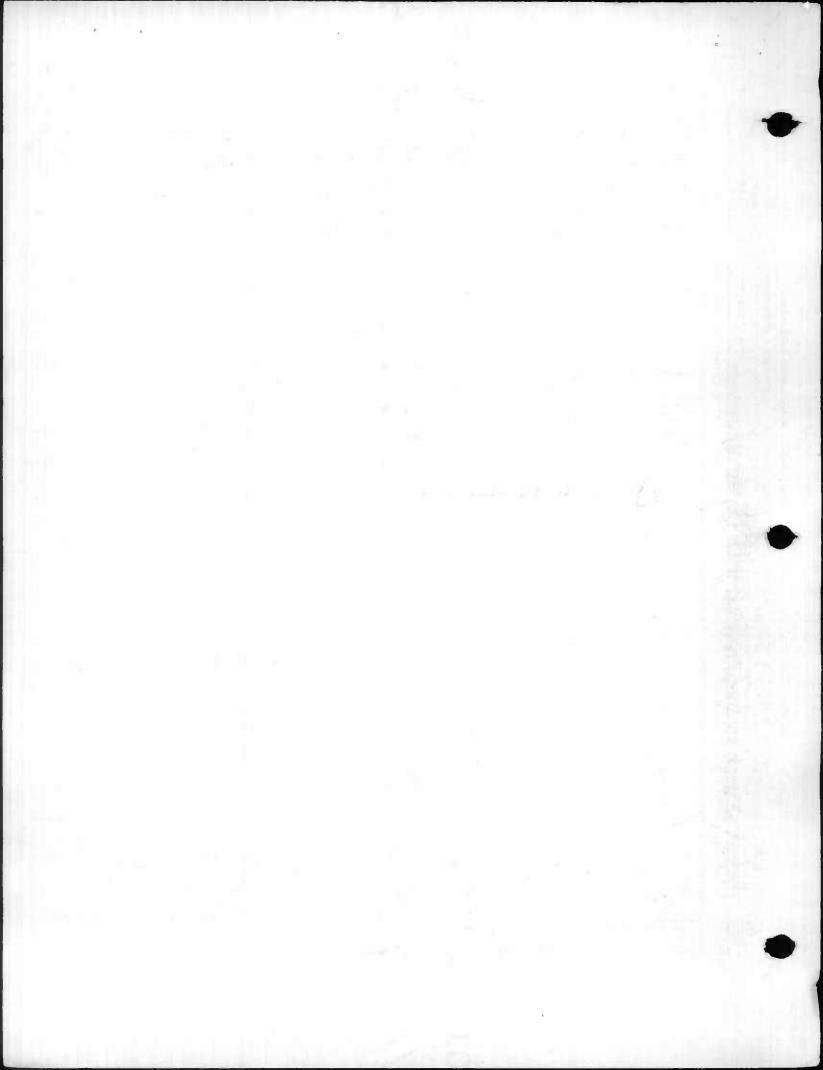
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law req TO THE PROPPL DIRECTOR: After this certificate has been be filed width. ZP fours after death with the State Dept. of IMPORTANT: If I tem 28 is marked, or Item 23 shu

	Page	
	it permit.	
ohysician.	burial-trans	
requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physician.	en signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page of Health and Mental Hygiene prior to burial, cremation, or removal.	
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De ex	ior to	and an even
certificate	een signed by the attending physician and completely filled in by the fi of Health and Mental Hygiene prior to burial, cremation, or removal.	there can believe or other contractly severel the conflor eventages and the mobiling of contract
death	ental F	100
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thal	th a	-
equires	en sign	Special Section

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMEN CERTIFICAT	IT OF HEALTH AND E OF DEATH	MENTAL HYGIEN		05499	
1. DECEDENT'S NAME (First, Middle, Last)	MARTIN.			2. DATE OF DEATH MONTH.		EAR 3. TIME OF DEATH	
216-20-9415	□ M 2XEXF 64	YRS. MONTH	a to a linear state	7. DATE OF BIRTH (Month, Day, War) Aug. 24/		BIRTHPLACE (State or Foreign Country) Maryland	
90. FACILITY NAME (If not institution, give street Mercy Hpspital RESIDENCE OF DECEDENT			ry, town or Location of o Balto.City,		9c. COUNTY	OF DEATH	
100. STATE 100. COUNTY Maryland		10c. CITY, TOWN	o.City,Md.			10d. INSIDE CITY LIMITS? VXYES 2 NO	
106. STREET AND NUMBER	lliam St.		101. ZIP CODE 21230		1	USA	
11. MARITAL STATUS 12 1 Never Married 2 Merried 2 Merried 3 Widowed 4 Divorced	. WAS DECEOENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	-©NO	NWAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specif	en, Puerto Ricen, etc.)	or No- 14	RACE — American Indian, Black, White, atc. Specify: White	
8th.Grade -	ON 164 pheted) 164 oilege (1-4 or 5 +)	DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired	e during most of working .)	16b. KIND OF BU		none Co.	
1	Thiess		Ali	AME (First, Middle, Melden CE	Sla	avin	
19a. INFORMANT'S NAME (Type/Print) Mr. Edward Martin			SS (Street and Number or Rural William St				
20s. METHOD OF DISPOSITION XIXBuriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b. PL	ACE OF DISPOSITION (or place) 11y Hill	Name of cometery, crematory or .s Mem.Gard	en M:		rown, State River, Md.	
21. SIGNATURE OF FUNERAL SERVICE LICENS	Herber		2. NAME AND ADDRESS OF FA			.Md.21230 E.Fort Ave	
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	only one cause on each	e death. Do not entille. 6 x y NSEQUENCE OF): 5 - M A	EAILURE	ch as cardiac or reep	iratory erres	t, Approximate Interval Between	
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):					
PART II. Other aignificant conditions c	ontributing to death but i	not resulting in the	underlying cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1							
27. MANNER OF DEATH 1	7. MANNER OF DEATH 1 Solution 1 Solution 286. DATE OF INJURY 286. TIME OF INJURY AT WORK? 1 Netural Solution 286. DESCRIBE						
3 Suicide a Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
nne)			e time, date and place, and du y opinion, death occured at the			ceuse(e) end manner ee stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NU	Meso	29d, DATE S	BIGNED (Month, Day, Year)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (MONTH PAY, Mar)



DIVISION OF VITAL RECORDS, P.O. BOX 68/60, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 fours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)	D 1	G 14			MONTH	OF DEATH D		EAR	IME OF DEATH
	4. SOCIAL SECURITY NUMBER		C. Munroe.		IF UNDER 24 HRS.		DE BIRTH		91	DE (Ptete et Femilee
2	214-36-9248	M 2 □ F	51 YRS.	MONTHS DAYS	HOURS MIN.	087	29/39		Ma	ryland
	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH BALTIMORE CITY Balto City RESIDENCE OF DECEMENT									
L		alto City	10c. Cl	y, town on Location Balto City			LIMITO			INSIDE CITY LIMITS? YES 2 NO
ľ	4205 Falls Rd	10	101. ZIP CODE 10g. CITIZEN OF WHAT COUN U.S.A.				COUNTRY?			
1	11. MARITAL STATUS 1 Never Merried Norried 3 Widowed Divorced				13. WAS DECENDENT OF HISPANIC ORIGING If yes, specify Cuben, Mexican, Puerto 1 TYSE X NO Specify:					
F	(Specify only highest grade completed) (Gh Elementery/Secondery (0-12) College (1-4 or 5 +)			EEDENT'S USUAL OCCUPATION To kind of work done during most of working DO NOT use retired.)			bb. KIND OF BUSINESS/INDUSTRY			
L	17. FATHER'S NAME (First, Middle, Last) Robert C. Munroe, Sr. 18. MOTHER'S NAME (First, Middle, Malden Surname) Marian R. Schroeder									
11	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) William E. Munroe 824 Grimsby Garth Arnold, MD 21012									
1	1 Buriel A Cremetion 3 Removal from State							LOCATION — City or Town, State Catonsville, MD		
-	22. NAME AND ADDRESS OF FACILITY BURGEE—HENSS FUNERAL HON								RAL HOME	
	23. PART I. Enter the diseases, or ehock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e	atastate	Car	ode of dying, and	uch se cerc	liec or resp	iratory srresi		Approximete interval Betwee Onset and Dea
1		Li di	13 situa	rcepholo	on thu					
	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE (•						
	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	PR AS A CONSEQUENCE (DF):	ng ceuse given	in Part I.	24a. WAS AN PERFOI 1 YES :	RMED?	AMA COI DF	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE DEATH?] YES 2 \(\square\) NO
	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C DUE TO (C d,	PR AS A CONSEQUENCE (In the underlyle	ng ceuse given	Check only or	PERFOI	RMED?	AMA COI DF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (C DUE TO (C d,	PR AS A CONSEQUENCE OF AS	28. F OTHER: 4 Nursing Ho ME OF 28c. II NURY	PLACE OF DEATH (Check only or	PERFOI	RMED?	AMA COI DF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending	DUE TO (C c. DUE TO (C d, ns contributing to d HOSPITAL: 1 Superior 2 1 28e. DATE OF IR (Month, Day)	PR AS A CONSEQUENCE OF AS	28. F OTHER: 4 Nursing Ho ME OF 28c, IN HUNRY M 1	PLACE OF DEATH (Check only or 28d. DES	PERFOI 1 YES :	RMED? INJURY OCCUS and Number or	AMA COI DF 1 [ILABLE PRIOR TO MPLETION OF CAUSE DEATH?

Molesworth
32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) MAR 4 1991

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

